

A. STUDENT INFORMATION

SFCC Student ID#: _____ Date of Birth: _____

First/Last Name: _____ MI: _____

B. TYPE OF SPECIAL CIRCUMSTANCE

Family income from the prior tax year is used in determining eligibility for student financial aid in the academic year. In most cases, viewing recent income is the best basis for determining the ability of a family to finance college costs. However, family income is sometimes drastically reduced due to extreme situations beyond the family's control. If this has happened to you, this form may be used to request the SFCC Financial Aid Office to re-evaluate your circumstances. Please keep in mind you are requesting SFCC to override federal regulations and due to the close scrutiny these requests require, very few requests are approved. **NOTE:** additional documents may be required.

1. These reduction in gross income and/or benefits occurred:

- Student Spouse Father/Step-Father Mother/Step-Mother

2. The reduction in gross income/benefits is caused by (mark one only):

Involuntary Change in Employment/Loss of Employment. Date Occurred: _____

Documents Needed:

- Personal (signed) letter of explanation detailing circumstances.
- Final or most current pay stub showing YTD earning for whomever the income was reduced (if applicable)
- Notice of termination of layoff on company letterhead with signature and contact information.
- Unemployment Benefits Statement (if applicable)
- DD214 form if you left the military.
- 2023-1040 Federal Tax Return signed and dated. See attached schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)
- 2023 W-2's from each job
- 2025 last paystub from all jobs worked

Divorce or Separation on the following date: _____

Documents Needed:

- Divorce decree, legal separation agreement, letter from attorney, or other professional (counselor, member of clergy, etc.) written on professional letterhead or current billing statements showing separate addresses for each party.
- 2023-1040 Federal Tax Return signed and dated. See attached schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)
- 2023 W-2's for each job (if dependent student, will need both parents/contributors W-2's)
- 2025 last paystub from all jobs worked

Death of an Individual occurred on the following date: _____

Documents Needed:

- Death certificate
- 2023-1040 Federal Tax Return signed and dated. See attached schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)
- 2023 W-2's for each job (if dependent student, will need both parents/contributors W-2's)
- Explanation of any life insurance benefits already received or anticipated due to death.
- Will you receive survivor benefits? (if yes, please provide a copy of the benefit statement)
- 2025 last paystub from all jobs worked

Loss of Financial Benefits occurred on the following date: _____

Documents Needed:

- A signed letter of explanation indicating the types and amounts of benefits lost and how long the benefits were/will be receiving during the 2025 year.
- Any documentation verifying the loss of financial benefits.
- 2025 last paystub from all jobs worked

Disability. Date Occurred: _____

Documents Needed:

- A signed letter of explanation indicating the types and amounts of benefits lost and how long the benefits were/will be receiving during the 2025 year
- Any documents verifying disability.

One-Time Income. Date occurred: _____

➤ Source of the one-time income _____ Amount: \$ _____

Documents needed:

- 2023 and 2024-1040 Federal Tax Return signed and dated.

Unusual Medical/Dental Expenses

If you/your family paid more than 11% of the family's adjusted gross income in medical /dental expenses. *(Must exceed 11% of the 2023 adjusted gross income)*

- Amount paid for medical/dental insurance (not including employer's contribution) \$ _____
- Total medical/dental expenses not paid by insurance last year \$ _____
- From what sources will you finance these expenses \$ _____
- Will your non-reimbursed medical/dental expenses be Lower Same Higher this year ?

Documents Needed:

- Schedule A of your Federal Income Tax Return or receipts of your medical/dental payments.
- A signed letter of explanation for the medical/dental expenses.
- 2023-1040 Federal Tax Return signed and dated. See attached schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)
- 2023 W-2's for each job (if dependent student, will need both parents W-2's)
- 2025 last paystub from all jobs worked

Elementary/Secondary Tuition or Dependent Care Expenses.

If you/your family paid more than 5% of the family's adjusted gross income for tuition or dependent (child or adult) care expenses. *(Only amount above 5% will be considered)*

Will your non-reimbursed tuition or dependent care expenses be Lower Same Higher this year?

From what sources will you finance these expenses? _____

Documents needed:

- Tuition/dependent care invoices or paid receipts
- A signed letter of explanation for the tuition/dependent expenses

List family members receiving tuition or dependent care:

| Name of family member | Age | Relationship | Tuition or Dependent Care | Current Year Pd. | Previous Year Pd. |
|-----------------------|-----|--------------|---------------------------|------------------|-------------------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |

C. ANTICIPATED INCOME BASED CIRCUMSTANCES

If you check any of the above circumstances, provide your anticipated income for the current year (January 1, 2025 to December 31, 2025). If parents are not legally married but living together, you must report both incomes.

| Type of Income | Father/ Step-father | Mother/Step-mother | Student | Spouse |
|--|---------------------|--------------------|---------|--------|
| Wages, Salaries, Tips | | | | |
| Unemployment Compensation | | | | |
| Interest/Dividends | | | | |
| Capital Gain | | | | |
| Severance Pay | | | | |
| Disability Payment | | | | |
| Workman's Compensation | | | | |
| Social Security | | | | |
| Retirement Benefits | | | | |
| Child Support Received | | | | |
| Housing/Food/Other Living Allowances | | | | |
| Food Stamps/ AFDC/TANF | | | | |
| VA Non-Educational Benefits | | | | |
| Other Income | | | | |
| Other untaxed income | | | | |
| Cash received or paid on your behalf not reported elsewhere on this form | | | | |
| Total Expected Income | \$ | \$ | \$ | \$ |

D. ASSET INFORMATION

Note: All blanks will be considered "0" zero

| Student | Contributor(s)/ Parent(s)/Step-parent(s) | Current Amount |
|---------|--|--|
| \$ | \$ | Current total of cash, savings account(s) and checking account(s) combined |
| \$ | \$ | Current net worth* of your investments including trust funds, mutual funds, money market account, CDs, stocks and bonds, real estate (excluding the home you live in.) <i>*Net Worth= current value of investments-debt</i> |
| \$ | \$ | Current net worth of your business and/or investment farms or for profit agricultural operations. Include the market value of land, buildings, machinery, equipment, inventory, etc. |

Note: During the review, SFCC Financial Aid Office may ask you for additional documentation.

E. FAMILY INFORMATION

DEPENDENT STUDENTS: In the grid below, list the people currently in your parent's/contributor's household.

Include:

1. Yourself (**even if you don't live with your parents/contributors**)
2. Your Parent(s)/Contributor(s) (**include your stepparent**)
3. Your parent(s)/Contributor(s) other children (**even if they don't live with your parents/contributors**) and if;
 - a. your parent(s)/contributor(s) provide more than half of their support between 7/1/25 - 6/30/26 **or**
 - b. the child would be required to provide parental information when filling out the FAFSA.
4. Other people if they now live with your parent/contributor **and** your parent/contributor provided more than half of their support and will continue to provide more than half of their support 7/1/25 - 6/30/26.

INDEPENDENT STUDENTS: In the grid below, list the people in your household.

Include:

1. Yourself
2. Your Spouse (*if married and living with you at the time you complete the FAFSA*)
3. Your children and your spouse's children **if** you provide more than half of their support between 7/1/25 - 6/30/26.
4. Other people if they now live with you **and** you currently provide more than half of their support and will continue to provide more than half of their support 7/1/25 - 6/30/26.

Write the names of all current household members in the grid below: if you need more space, use a separate sheet of paper.

| Full Name | Birthdate | Relationship | College Currently Attending (at least half-time) |
|------------------------------|------------------|---------------------|---|
| <i>Example: Martha Jones</i> | <i>mm/dd/yy</i> | <i>Sister</i> | <i>State Fair Community College</i> |
| | | Self | SFCC |
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F. 2022 VERIFICATION OF INCOME INFORMATION

Student Income Information: Tax filing Status (check one, if applicable)

Single Head of Household Married Filing Joint Married Filing Separate

| Check only one of the boxes below, then... | Submit the following required document(s) | | | | | | | | | | | | |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> I filed or will file a 2023-1040 US Individual Income Tax Return. | <ul style="list-style-type: none"> ➤ 2023 IRS Tax Return transcript or ➤ 2023-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, A, B, C, D, E, F or H. (If filed) <ul style="list-style-type: none"> • Did you file a: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Schedule 1</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule F</td> </tr> <tr> <td><input type="checkbox"/> Schedule 2</td> <td><input type="checkbox"/> Schedule C</td> <td><input type="checkbox"/> Schedule H</td> </tr> <tr> <td><input type="checkbox"/> Schedule 3</td> <td><input type="checkbox"/> Schedule D</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Schedule A</td> <td><input type="checkbox"/> Schedule E</td> <td></td> </tr> </table> | <input type="checkbox"/> Schedule 1 | <input type="checkbox"/> Schedule B | <input type="checkbox"/> Schedule F | <input type="checkbox"/> Schedule 2 | <input type="checkbox"/> Schedule C | <input type="checkbox"/> Schedule H | <input type="checkbox"/> Schedule 3 | <input type="checkbox"/> Schedule D | | <input type="checkbox"/> Schedule A | <input type="checkbox"/> Schedule E | |
| <input type="checkbox"/> Schedule 1 | <input type="checkbox"/> Schedule B | <input type="checkbox"/> Schedule F | | | | | | | | | | | |
| <input type="checkbox"/> Schedule 2 | <input type="checkbox"/> Schedule C | <input type="checkbox"/> Schedule H | | | | | | | | | | | |
| <input type="checkbox"/> Schedule 3 | <input type="checkbox"/> Schedule D | | | | | | | | | | | | |
| <input type="checkbox"/> Schedule A | <input type="checkbox"/> Schedule E | | | | | | | | | | | | |
| <input type="checkbox"/> I corrected my 2023 1040X IRS Tax Return | <ul style="list-style-type: none"> ➤ 2023-1040X IRS Amended Tax Return (signed and dated) and ➤ 2023 IRS Tax Return Transcript with the original tax information or ➤ 2023-1040 Original US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed) | | | | | | | | | | | | |
| <input type="checkbox"/> I worked but I am not required to file a 2023-1040 US Individual Income Tax Return. | <ul style="list-style-type: none"> ➤ 2023 W-2 or ➤ 2023 1099-MISC. <p><i>If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov.</i></p> | | | | | | | | | | | | |
| <input type="checkbox"/> I did not work and will not file a 2023-1040 US Individual Income Tax Return. Signature required: X: _____ | <p>If you are an Independent student, please complete the following:</p> <ul style="list-style-type: none"> ➤ SFCC Verification of Non-Filer form (NTXI26/NTXP26) and ➤ Fill out top section on the next page. | | | | | | | | | | | | |

Spouse's Income Information: Tax filing Status (check one)

Single Head of Household Married Filing Joint Married Filing Separate

| Check only one of the boxes below, then... | Submit the following required document(s) | | | | | | | | | | | | |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> I (we) filed or will file a 2023-1040 US Individual Income Tax Return. | <ul style="list-style-type: none"> ➤ 2023 IRS Tax Return transcript or ➤ 2023-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, A, B, C, D, E, F, and H. (If filed) <ul style="list-style-type: none"> • Did you file a: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Schedule 1</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule F</td> </tr> <tr> <td><input type="checkbox"/> Schedule 2</td> <td><input type="checkbox"/> Schedule C</td> <td><input type="checkbox"/> Schedule H</td> </tr> <tr> <td><input type="checkbox"/> Schedule 3</td> <td><input type="checkbox"/> Schedule D</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Schedule A</td> <td><input type="checkbox"/> Schedule E</td> <td></td> </tr> </table> | <input type="checkbox"/> Schedule 1 | <input type="checkbox"/> Schedule B | <input type="checkbox"/> Schedule F | <input type="checkbox"/> Schedule 2 | <input type="checkbox"/> Schedule C | <input type="checkbox"/> Schedule H | <input type="checkbox"/> Schedule 3 | <input type="checkbox"/> Schedule D | | <input type="checkbox"/> Schedule A | <input type="checkbox"/> Schedule E | |
| <input type="checkbox"/> Schedule 1 | <input type="checkbox"/> Schedule B | <input type="checkbox"/> Schedule F | | | | | | | | | | | |
| <input type="checkbox"/> Schedule 2 | <input type="checkbox"/> Schedule C | <input type="checkbox"/> Schedule H | | | | | | | | | | | |
| <input type="checkbox"/> Schedule 3 | <input type="checkbox"/> Schedule D | | | | | | | | | | | | |
| <input type="checkbox"/> Schedule A | <input type="checkbox"/> Schedule E | | | | | | | | | | | | |
| <input type="checkbox"/> I (we) corrected my 2023-1040X IRS Amended Tax Return. | <ul style="list-style-type: none"> ➤ 2023-1040X IRS Amended Tax Return (signed and dated) and ➤ 2023 IRS Tax Return Transcript with the original tax information or ➤ 2023-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, A, B, C, D, E, F, and H. (If filed) | | | | | | | | | | | | |
| <input type="checkbox"/> I (we) worked but I am not required to file a 2023-1040 US Individual Income Tax Return. <i>If your total income was below \$10,000, please complete section on the top of page 6.</i> | <ul style="list-style-type: none"> ➤ 2023 W-2 or ➤ 2023 1099-MISC <p><i>If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov. and</i></p> <ul style="list-style-type: none"> ➤ SFCC Verification of Non-Filer form (NTXI26/NTXP26) | | | | | | | | | | | | |
| <input type="checkbox"/> I (we) did not work and will not file a 2023-1040 US Individual Income Tax Return. Signature required: X: _____ | <ul style="list-style-type: none"> ➤ SFCC Verification of Non-Filer form (NTXI26/NTXP26) and ➤ Fill out section on the next page.. | | | | | | | | | | | | |

If you did not file a 2023 tax return or you filed with less than \$10,000 in wages, please explain how you paid for your living expenses from 2023 to present. Include: monies received from all types of federal and state government assistance; support from other family or relatives; support from private or community resources. Provide an estimate of the cost for the year for food, rent and utilities. **Note: Additional documentation may be required.**

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Parent(s)/Contributor(s) Income Information: Tax filing Status (check one, if applicable);

Single Head of Household Married Filing Joint Married Filing Separate

| Check only one of the boxes below, then... | Submit the following required document(s) |
|--|--|
| <input type="checkbox"/> I (we) filed or will file a 2023 -1040 US Individual Income Tax Return. | <ul style="list-style-type: none"> ➤ 2023 IRS Tax Return transcript or ➤ 2023-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, A, B, C, D, E, F, and H. (If filed) <ul style="list-style-type: none"> • Did you file a: <input type="checkbox"/> Schedule 1 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule 2 <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule 3 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule E |
| <input type="checkbox"/> I (we) corrected my 2023-1040X IRS Amended Tax Return. | <ul style="list-style-type: none"> ➤ 2023-1040X IRS Amended Tax Return (signed and dated) and ➤ 2023 IRS Tax Return Transcript with the original tax information or ➤ 2023-1040 Original US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, A, B, C, D, E, F, and H. (If filed) |
| <input type="checkbox"/> I (we) worked but I am not required to file a 2023-1040 US Individual Income Tax Return. <i>If your total income was below \$10,000, please complete section below.</i> | <ul style="list-style-type: none"> ➤ 2023 W-2 or ➤ 2023 1099-MISC <i>If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov. and</i> ➤ SFCC Verification of Non-Filer form (NTXI26/NTXP26) |
| <input type="checkbox"/> I (we) did not work and will not file a 2023-1040 US Individual Income Tax Return. Signature required: X: _____ (parent/contributor 1) X: _____ (parent/contributor 2) | <ul style="list-style-type: none"> ➤ SFCC Verification of Non-Filer form (NTXI26/NTXP26) and ➤ Fill out section below. |

If you did not file a 2023 tax return or you filed with less than \$10,000 in wages, please explain how you paid for your living expenses from 2023 to present. Include: monies received from all types of federal and state government assistance; support from other family or relatives; support from private or community resources. Provide an estimate of the cost for the year for food, rent and utilities. **Note: Additional documentation may be required.**

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G. IRS GRANTED A FILING EXTENSION

Who was granted an IRS Tax Filing Extension?

- Student
 Spouse
 Father/Step-father
 Mother/Step-mother

Provide the following documents:

- Form 2350 - IRS approval of an extension beyond the automatic six-month for 2023 tax year.
- Verification of non-filing letter from the IRS dated on or after October 1, 2024.
- 2023 W-2's for each job (if dependent student, will need both parents W-2's)
- If self-employed, a signed statement certifying the amount of the individual's AGI and the U.S. income tax paid for 2023.

IRS IDENTITY THEFT

Who was a victim of identity theft?

- Student
 Spouse
 Father/Step-father
 Mother/Step-mother

Provide a copy of the 2023 IRS Tax Return Data Base View:

- If you are not able to obtain a 2023 IRS Tax Return Transcript or use the IRS Data Retrieval Tool on the FAFSA application, contact the IRS at 1-800-908-4490 to obtain a Tax Return Data Base View (TRDBV) transcript. Upon authentication of the tax filer's identity, the IRS will provide a printout of the tax filer's 2023 IRS income tax return information.
- Signed and dated statement that you were a victim of identity theft and that IRS has been made aware of the tax related identity theft.

NOTE: During the review process, SFCC Financial Aid Office may ask you for additional documentation

H. SIGN THIS REQUEST

By signing this worksheet, I (we) certify that all information reported is complete and accurate. I (we) understand that if I knowingly give false or misleading information I may be fined, sentenced to jail or both. I understand that incomplete and/or unsigned forms will be marked as incomplete (red flag) and delay the review process.

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Parent/Contributor Signature: _____ Date: _____

State Fair Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, veteran status, or age in its program's activities or employment. The Director of Human Resources and Dean of Student Services are the designated persons to handle inquiries regarding the nondiscrimination policy. Both persons are located at the SFCC Sedalia Campus, Hopkins Building, 3201 W. 16th St., Sedalia, MO 65301 (660) 596-7478 or (660) 596-7393. Inquiries also may be directed to the U.S. Department of Education, Office of Civil Rights at OCR.KansasCity@ed.gov. Interested persons may obtain information of the existence and location of services that are accessible to and usable by persons with disabilities by contacting the Disability Resource Center Coordinator, Yeater Building, Room 159, (660) 596-7293.

Documents for verification will be accepted until 5:00 pm on the following deadline dates for each semester.

Fall 2025 – January 30, 2026 // Spring 2026 – June 26, 2026 // Summer 2026 – September 11, 2026

Return this worksheet and all other required documents to:

State Fair Community College, Financial Aid Office
3201 West 16th Street
Sedalia Mo 65301

Fax: (660) 530-5820
Email: finaid@sfccmo.edu

Financial Aid Office Use Only:

_____ Verification Completed _____ RNANNAxx _____ Approved _____ Denied Date _____ / _____ / _____
 _____ RHACOMM Updated _____ Notification Email Sent

Reason for Approval/Denial: