

## 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.
- 2024-1040 Federal Tax Return signed and dated. See attached schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)
- 2024 W-2's from each job
- 2026 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.
- 2024-1040 Federal Tax Return signed and dated. See attached schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)
- 2024 W-2's for each job (if dependent student, will need both parents/contributors W-2's)
- 2024 last paystub from all jobs worked

**Death of an Individual** occurred on the following date: \_\_\_\_\_

Documents Needed:

- Death certificate
- 2024-1040 Federal Tax Return signed and dated. See attached schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)
- 2024 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)
- 2026 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 2026 year.
- Any documentation verifying the loss of financial benefits.
- 2026 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 2026 year
- Any documents verifying disability.

**One-Time Income.** Date occurred: \_\_\_\_\_

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

Documents needed:

- 2024 and 2025-1040 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 2024 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.
- 2024-1040 Federal Tax Return signed and dated. See attached schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)
- 2024 W-2's for each job (if dependent student, will need both parents W-2's)
- 2026 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, 2026 to December 31, 2026). 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				
<b>Total Expected Income</b>	\$	\$	\$	\$

**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 7/1/26 - 6/30/27 **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 7/1/26 - 6/30/27.

**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 7/1/26-6/30/27.
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 7/1/26 - 6/30/27.

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

<b>Full Name</b>	<b>Birthdate</b>	<b>Relationship</b>	<b>College Currently Attending</b> (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

**F. 2024 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 2024-1040 US Individual Income Tax Return.	➤ <a href="#">2024 IRS Tax Return transcript</a> <b>or</b> ➤ 2024-1040 US Individual Income Tax Return (signed and dated) <b>and</b> Schedules 1, 2, 3, A, B, C, D, E, F or H. (If filed) <ul style="list-style-type: none"> <li>• Did you file a:               <table style="display: inline-table; vertical-align: middle;"> <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> </li> </ul>	<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 2024 1040X IRS Tax Return	➤ 2024-1040X IRS Amended Tax Return (signed and dated) <b>and</b> ➤ <a href="#">2024 IRS Tax Return Transcript</a> with the original tax information <b>or</b> ➤ 2024-1040 Original US Individual Income Tax Return (signed and dated) <b>and</b> Schedules 1, 2, 3, A, B, C, D, E, F, or H. (If filed)												
<input type="checkbox"/> I worked but I am <b>not</b> required to file a 2024-1040 US Individual Income Tax Return.	➤ 2024 W-2 <b>or</b> ➤ 2024 1099-MISC. <i>If you misplaced your W-2, you can request a duplicate from your employer or by going to <a href="http://www.irs.gov">www.irs.gov</a>.</i>												
<input type="checkbox"/> I did not work and will not file a 2024-1040 US Individual Income Tax Return. <b>Signature required:</b> X: _____	If you are an Independent student, please complete the following: ➤ SFCC Verification of Non-Filer form (NTXI27/NTXP27) <b>and</b> ➤ 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 2024-1040 US Individual Income Tax Return.	➤ <a href="#">2024 IRS Tax Return transcript</a> <b>or</b> ➤ 2024-1040 US Individual Income Tax Return (signed and dated) <b>and</b> Schedules 1, 2, 3, A, B, C, D, E, F, and H. (If filed) <ul style="list-style-type: none"> <li>• Did you file a:               <table style="display: inline-table; vertical-align: middle;"> <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> </li> </ul>	<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 2024-1040X IRS Amended Tax Return.	➤ 2024-1040X IRS Amended Tax Return (signed and dated) <b>and</b> ➤ <a href="#">2024 IRS Tax Return Transcript</a> with the original tax information <b>or</b> ➤ 2024-1040 US Individual Income Tax Return (signed and dated) <b>and</b> Schedules 1, 2, 3, A, B, C, D, E, F, and H. (If filed)												
<input type="checkbox"/> I (we) worked but I am <b>not</b> required to file a 2024- *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>	➤ 2024 W-2 <b>or</b> ➤ 2024 1099-MISC <i>If you misplaced your W-2, you can request a duplicate from your employer or by going to <a href="http://www.irs.gov">www.irs.gov</a>. <b>and</b></i> ➤ SFCC Verification of Non-Filer form (NTXI27/NTXP27)												
<input type="checkbox"/> I (we) did not work and will not file a 2024-1040 US Individual Income Tax Return. <b>Signature required:</b> X: _____	➤ SFCC Verification of Non-Filer form (NTXI27/NTXP27) <b>and</b> ➤ Fill out section on the next page..												

If you did not file a 2024 tax return or you filed with less than \$10,000 in wages, please explain how you paid for your living expenses from 2024 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.**


**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 2024 -1040 US Individual Income Tax Return.	<ul style="list-style-type: none"> <li>➤ <a href="#">2024 IRS Tax Return transcript</a> <b>or</b></li> <li>➤ 2024-1040 US Individual Income Tax Return (signed and dated) <b>and</b> Schedules 1, 2, 3, A, B, C, D, E, F, and H. (If filed) <ul style="list-style-type: none"> <li>• Did you file a:    <input type="checkbox"/> Schedule 1    <input type="checkbox"/> Schedule B    <input type="checkbox"/> Schedule F</li> <li>                          <input type="checkbox"/> Schedule 2    <input type="checkbox"/> Schedule C    <input type="checkbox"/> Schedule H</li> <li>                          <input type="checkbox"/> Schedule 3    <input type="checkbox"/> Schedule D</li> <li>                          <input type="checkbox"/> Schedule A    <input type="checkbox"/> Schedule E</li> </ul> </li> </ul>
<input type="checkbox"/> I (we) corrected my 2024-1040X IRS Amended Tax Return.	<ul style="list-style-type: none"> <li>➤ 2024-1040X IRS Amended Tax Return (signed and dated) <b>and</b></li> <li>➤ <a href="#">2024 IRS Tax Return Transcript</a> with the original tax information <b>or</b></li> <li>➤ 2024-1040 Original US Individual Income Tax Return (signed and dated) <b>and</b> Schedules 1, 2, 3, A, B, C, D, E, F, and H. (If filed)</li> </ul>
<input type="checkbox"/> I (we) worked but I am <b>not</b> required to file a 2024-1040 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"> <li>➤ 2024 W-2 <b>or</b></li> <li>➤ 2024 1099-MISC</li> <li><i>If you misplaced your W-2, you can request a duplicate from your employer or by going to <a href="http://www.irs.gov">www.irs.gov</a>. <b>and</b></i></li> <li>➤ SFCC Verification of Non-Filer form (NTXI27/NTXP27)</li> </ul>
<input type="checkbox"/> I (we) did not work and will not file a 2024-1040 US Individual Income Tax Return. <b>Signature required:</b> X: _____ (parent/contributor 1) X: _____ (parent/contributor 2)	<ul style="list-style-type: none"> <li>➤ SFCC Verification of Non-Filer form (NTXI27/NTXP27) <b>and</b></li> <li>➤ Fill out section below.</li> </ul>

If you did not file a 2024 tax return or you filed with less than \$10,000 in wages, please explain how you paid for your living expenses from 2024 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.**


### 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 2024 tax year.
- Verification of non-filing letter from the IRS dated on or after October 1, 2025.
- 2024 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 2024.

### IRS IDENTITY THEFT

Who was a victim of identity theft?

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

Provide a copy of the 2024 IRS Tax Return Data Base View:

- If you are not able to obtain a 2024 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 2024 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 2026 – February 03, 2027 // Spring 2027 – June 22, 2027 // Summer 2027 – August 28, 2027

### Return this worksheet and all other required documents to:

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

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

Financial Aid Office Use Only:

\_\_\_\_\_ RHACOMMUpdated \_\_\_\_\_ RNANNAxx \_\_\_\_\_ Approved \_\_\_\_\_ Denied Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Notification Email Sent

Reason for Approval/Denial: