

2026-2027 Special Conditions Form (FY27)

Student Name: _____ Heidelberg ID: 000-_____

Parent Contact Information:

Email: _____ Phone: _____

Note: Before you can be considered for an appeal, you must have already filed your 2026-2027 Free Application for Federal Student Aid (FAFSA) at www.studentaid.gov.

The Higher Education Amendments (HEA) of 1994 gave financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The Heidelberg University Financial Aid Staff will review and, when appropriate, make adjustments to a student's state and federal aid when a student, spouse, or parent has demonstrated special circumstances. All requested documentation must be received, along with this form, before a review will occur.

Please indicate with an "x" the reason for your change of income. Mark all that apply. **Be sure to complete the "Estimated 2026 Income Benefits" section on the back of this form.**

Reduction of Income:

Action resulting in the loss of income must have occurred **at least 10 weeks prior** to special circumstance request.

- | | |
|--|--|
| <input type="checkbox"/> Layoff, plant closing, reduction of hours, termination or retirement. Provide a letter from employer stating effective date and anticipated return (if applicable). | <input type="checkbox"/> Child Support. Provide a letter or court document stating termination date of benefit. |
| <input type="checkbox"/> Alimony. Provide court document(s) stating termination date of benefit. | <input type="checkbox"/> Worker's Compensation. Provide a letter from Bureau of Worker's Compensation stating termination date of benefit. |
| <input type="checkbox"/> Unemployment. Provide a letter from the unemployment office stating termination date of benefit. | <input type="checkbox"/> Change in Employment. Provide letter explaining change and complete estimated income on back. |
| | <input type="checkbox"/> Other: _____ |

Disability:

Provide a letter from a doctor stating the disability date and prognosis for returning to work. Attach a letter verifying disability benefits from Social Security, Worker's compensation, employer or other agency.

Separation/Divorce/Death:

Provide a copy of the separation agreement, divorce decree, or death certificate if you have incurred a separation, divorce, or death since filing your 2025-2026 FAFSA. Include persons for whom you/your custodial parent will provide more than half support between July 1, 2025 through June 30, 2026 and persons who will attend college at least half-time (6 credit hours).

Number in household in 2025-2026: _____. Number in college in 2025-2026: _____.

Other Unusual Expenses Paid:

PLUS (Parent Loan for Undergraduate Students). Verify monthly obligation by attaching copy of payment coupon or monthly statement.

Unusual Medical and Dental Expenses. Expenses are considered unusual if they exceed 11% of the family's income. Please attach photocopy of the 2023 Schedule A showing the excessive medical expenses.

Number of siblings in college at same time as HU student. Please submit a copy of the offer letter or document showing the cost of attendance, financial aid offered and out of pocket cost after the financial aid has been applied.

CONTINUED ON BACK

Estimated 2026 and/or Income Benefits: *(only complete this section for a reduction of income appeal)*

Using the chart below, enter the total yearly income that you and your parents or spouse expect to receive from January 1, 2026 through December 31, 2026 and/or January, 2027 through . If an answer is none, use "0".

Taxable Income

Wages, salaries, tips:	Estimated 2026	Estimated 2027
	Father \$ _____	Father \$ _____
	Mother \$ _____	Mother \$ _____
	Spouse \$ _____	Spouse \$ _____
	Self/Student \$ _____	Self/Student \$ _____
Pensions & Annuities	\$ _____	\$ _____
Interest and Dividend Income	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Any Other Taxable (i.e., pension/severance pay)	\$ _____	\$ _____
TOTAL Taxable Income	\$ _____	

Non-Taxable Income

	Estimated 2026	Estimated 2027
Child Support Received by All Members of the Family	\$ _____	\$ _____
IRA Contributions	\$ _____	\$ _____
Payments to tax-deferred pension plans	\$ _____	\$ _____
Any other non-taxable income i.e., worker's compensation	\$ _____	\$ _____
TOTAL Non-Taxable Income	\$ _____	

In addition to the information requested on this form, please provide a letter or email explaining your circumstances. We will also need to collect the 2026 Tax Returns and W2s once they are available. We only need the first two (2) pages of the 1040 plus Schedules A, B, C, and D, and Statements 1 and 2. We do not need State Tax information. Feel free to also submit any supporting documentation you feel will better help us understand the situation. Once all documentation is received, your request will be sent to the Appeals Committee for review. You will be contacted if additional information is needed or once a decision has been made regarding your request.

Certification Statement:

I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student Signature _____ Date _____
required for dependent students

Parent Signature _____ Date _____

The Office of Financial Aid Appeals Committee meets weekly and will review your request once all documentation has been received. Please allow at least 2 weeks for processing.

Return completed form and all supporting documentation to financial-aid@heidelberg.edu or mail to:

Office of Financial Aid
Heidelberg University
310 E. Market St.
Tiffin, OH 44883
(T) 419.448.2293
(F) 419.448.2473

FOR OFFICE USE ONLY (INITIAL + DATE ONCE COMPLETE)

- _____ Appeal submitted to committee
- _____ Appeal approved/denied
- _____ Appeal decision email sent
- _____ Correction submitted on FAFSA Partner Portal
- _____ Correction file received from Department of Education