2026-2027 Special Conditions Appeal

WARNER PACIFIC UNIVERSITY

This form initiates an appeal process to request a recalculation of financial need based on special conditions. This appeal is appropriate if your financial situation:

- ✓ Has changed significantly from the information provided on your 2026-2027 FAFSA, and
- ✓ Is described in one of the categories shown below.

Include your name and student ID on all documentation, and please be specific with the information provided. We are unable to review incomplete appeals.

Please follow all instructions carefully. Check and complete all applicable sections, **sign the second page of this form**, and attach all required documentation. Return completed forms to the Warner Pacific University Office of Financial Aid.

If an exception is approved, your FAFSA and your financial aid award will be revised. Notification of a revised award letter will be sent to you if revisions are made. Please allow up to four weeks for processing a special conditions appeal.

If a Federal Tax Return Transcript is required for your appeal, you may request a Tax Return Transcript from the IRS online at www.irs.gov or by calling 1-800-908-9946.

STEP 1 - STUDENT INFORMATION

PLEASE PRINT LEGIBLY

Last Name	First Name	M.I.	WPU ID Number	Date of Birth

Cell Phone Number (include area code)

Email address (primary contact method)

STEP 2 - REQUESTED APPEAL

A. One-time benefit

○ You or your spouse OR ○ your parents (check one) received a ONE-TIME income or benefit in 2024 and will not receive that income or benefit in calendar year 2026.

Documentation required: (1) Letter explaining the source of funds received in 2024 and the reason you will not receive that same income or benefit again, and how the funds were used. Provide documentation of retirement funding rollovers. **(2) Must submit a signed copy of 2024 Federal 1040 Tax Return (including schedules 1, 2 and 3) or 2024 Tax Return Transcript(s) from the IRS.**

B. Change in marital status

After filing the FAFSA, you have ○ **married,** ○ **separated** OR ○ **divorced**
OR your parents have ○ **separated** OR ○ **divorced**

Documentation required: (1) Marriage Certificate OR Divorce papers indicating the date of marital change OR Written statement of separation. **(2) Must submit a signed copy of 2024 Federal 1040 Tax Return (including schedules 1, 2 and 3) or 2024 Tax Return Transcript(s) from the IRS.** (3) Copies of 2024 W-2 Forms from all employers for all taxpayers.

C. Medical/Dental Expenses

○ You or your spouse OR ○ your parents (check one) have on-going medical/dental expenses in calendar year 2026 that are not covered by insurance.

Documentation required: (1) Attach bills and an itemized list with a total of ALL expenses not covered by insurance. **(2) Must submit a signed copy of 2024 Federal 1040 Tax Return (including schedules 1, 2 and 3) or 2024 Tax Return Transcript(s) from the IRS.**

D. Parent Educational Expenses

○ You or your spouse OR ○ your parents (check one) have **on-going expenses for elementary or secondary school tuition**.

Documentation required: (1) Attach a copy of school schedule and billing statement. (2) Use the IRS Data Retrieval Tool on the FAFSA, provide a copy of 2024 Federal 1040 Tax Return (including schedules 1, 2 and 3) or 2024 Tax Return Transcript(s) from the IRS.

E. Loss or reduction of income or benefits (complete anticipated income and asset information on the next page of this form)

○ You or your spouse OR ○ a parent (check one) had employment in 2024, but experienced a **loss of job or reduction of income in calendar year 2025 or 2026.** Date the change occurred _____. Adjustments for loss of overtime or commission income are not considered.

☐ You or your spouse OR ☐ a parent (check one) received unemployment compensation or some untaxed income or benefit in 2024 and have **lost that income or benefit in calendar year 2025 or 2026.**

☐ Loss due to **death of parent or spouse**.

Documentation required: (1) Termination letter or loss of benefit notification, if applicable. (2) Use the IRS Data Retrieval Tool on the FAFSA, provide a copy of 2024 Federal 1040 Tax Return (including schedules 1, 2 and 3) or 2024 Tax Return Transcript(s) from the IRS. (3) Current pay stubs showing decreased income, if applicable. (4) Written statement describing circumstances. (5) In case of death, please provide a copy of the death certificate or obituary.

Please complete and sign page 2

E. PART 2 - ANTICIPATED INCOME AND ASSET INFORMATION

Complete this section if you are requesting a loss or reduction of income or benefits appeal in Part E on page 1. Please complete the appropriate columns. Student (and Spouse, if married) for a change in the Student's income. Parent 1 (and 2, if married or unmarried but living together) for a change in the Parent's income.

Please enter the amounts you anticipate you will receive in each category for January 1, 2026 through December 31, 2026.
Please do not leave blanks – use zeros where appropriate.

Anticipated Income for 2026	**STUDENT**	**SPOUSE (if applicable)**	**PARENT 1**	**PARENT 2 (if applicable)**
GROSS Wages, Salaries, Tips (W-2 earnings)	$	$	$	$
Interest and Dividend Income	$	$	$	$
Alimony Received	$	$	$	$
Business and/or Farm Income	$	$	$	$
Partnership and/or S-Corporation Income	$	$	$	$
Capital Gains	$	$	$	$
Pensions and Annuities	$	$	$	$
Rents and Royalties	$	$	$	$
Unemployment	$	$	$	$
Other Taxable Income: Source: _____	$	$	$	$
Social Security Benefits for ALL Family Members	$	$	$	$
UNTAXED INCOME				
Child Support Received for ALL Children	$	$	$	$
Retirement and/or Disability Benefits	$	$	$	$
Welfare Benefits, Including TANF (exclude food stamps)	$	$	$	$
Untaxed Portions of Pensions and/or Annuities	$	$	$	$
Living and Housing Allowance for Clergy, Military, etc.	$	$	$	$
Veteran's Non-Educational Benefits	$	$	$	$
Deductible IRA/Keogh Payments	$	$	$	$
Other Untaxed Income: Source: _____	$	$	$	$
TOTAL ANTICIPATED INCOME	**$**	**$**	**$**	**$**

STEP 3 - FAMILY SIZE INFORMATION

DEPENDENT STUDENTS:

Parent Name(s): _____

Parents are: ☐ married ☐ not married ☐ divorced ☐ separated ☐ widowed ☐ unmarried but living together

_____ Number of Family members in FAFSA parents' household during academic year 2026-2027. (Include student, parents, and all other dependents who may live with your parents during 2026-2027.)

INDEPENDENT STUDENTS:

Student is: ☐ married ☐ not married ☐ divorced ☐ separated ☐ widowed

_____ Number of family members in student's household during academic year 2026-2027. (Include yourself and all other dependents who may live with you during 2026-2027.)

STEP 4 - REQUIRED SIGNATURES ON THIS FORM

I certify that all information noted above for my federal student aid eligibility is true to the best of my knowledge, and I agree to provide documentation of this information if requested.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

_____

Student Date

_____

Parent (if parent information is changing) Date