## Pacific Lutheran University 2026-27 Special Circumstances Form: Reduction/Loss of Income

<u>Instructions</u>: If your current income is much lower than your 2024 income, please complete and submit this form along with a letter of explanation and supporting documentation.

Student's Name:		Student ID:	
Household income lower in 202  Change in employment, include etc (attach paystubs, terming Loss of income due to death	luding change of nation notice, und n, divorce, separa t or alimony (atta	employer, reduction in wages, retire employer, reduction in wages, retire employment benefits statement, etc. tion (attach death certificate, divorcach tax returns for alimony/spousal s	e decree, etc)
Actual Income 2025 (1/1/25 - 12/31/25) Estimated Incom		Estimated Income 2025 (1/1/26	5 - 12/31/26)
Type of Income (Parent)	Amount	Type of Income (Parent)	Amount
Parent 1 Gross Earnings (attach 2025 tax return and W-2s)		Parent 1 Gross Earnings (attach most recent 2026 paystubs)	
Parent 2 Gross Earnings (attach 2025 tax return and W-2s)		Parent 2 Gross Earnings (attach most recent 2026 paystubs)	
Other taxable income (unemployment, disability, etc)		Other taxable income (unemployment, disability, etc)	
Other untaxed income (untaxed pension, housing allowance, etc)		Other untaxed income (untaxed pension, housing allowance, etc)	
Type of Income (Student)	Amount	Type of Income (Student)	Amount
Student Gross Earnings (attach 2025 tax return and W-2s)		Student Gross Earnings (attach most recent 2026 paystubs)	
Spouse Gross Earnings (attach 2025 tax return and W-2s)		Spouse Gross Earnings (attach most recent 2026 paystubs)	
Other taxable income (unemployment, disability, etc)		Other taxable income (unemployment, disability, etc)	
Other untaxed income (untaxed pension, housing allowance, etc)		Other untaxed income (untaxed pension, housing allowance, etc)	
		curate to the best of my knowledge.	
Student Signature	Date	Parent Signature	Date

(required if based on parental income)

## Pacific Lutheran University 2026-27 Special Circumstances Form: Extraordinary Expenses

<u>Instructions</u>: If you have faced extraordinary expenses since 2024, please complete and submit this form along <u>with a letter of explanation and supporting documentation</u>.

Student's Name:		Student ID:		
Check all that apply:				
Cost Worksheet. Please	also submit other	D26-27 and have attached a completed Si supporting documentation such as a lett al aid award letter, or copy of term bill.		
and have attached docu	mentation for tuit	ementary and/or secondary schooling for tion costs of \$ Be sur ost after scholarships and grant.		
		support provided to the following family per month for months in size on FAFSA).		
-	-	foreign exchange student amily members out of country		
		of-pocket home repair costs (not covered a natural disaster that will be paid in 20		
□ I have attached documentation of \$ in out-of-pocket medical/dental expenses (not covered by insurance) that will be paid in 2026. Be sure to include the amount paid out-of-pocket or deducted from your paycheck for medical/dental insurance premiums (not covered by your employer).				
<u>Signatures</u>				
I affirm that the information pro	vided is true and a	accurate to the best of my knowledge.		
Student Signature	Date	Parent Signature (required if based on parental expens	Date es)	