## 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 Income 2025 (1/1/26 - 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 a	also submit other	O26-27 and have attached a completed Sibling Net supporting documentation such as a letter of all aid award letter, or copy of term bill.	
and have attached docur	nentation for tuit	ementary and/or secondary schooling for 2026-27 tion costs of \$ Be sure this ost after scholarships and grant.	
		support provided to the following family member in per month for months in 2026. (Thi size on FAFSA).	
•	_	foreign exchange student amily members out of country	
		of-pocket home repair costs (not covered by o a natural disaster that will be paid in 2026.	
expenses (not covered b	y insurance) that ducted from your	in out-of-pocket medical/dent will be paid in 2026. Be sure to include the amount paycheck for medical/dental insurance premiums	
<u>Signatures</u>			
I affirm that the information prov	vided is true and a	accurate to the best of my knowledge.	
Student Signature	Date	Parent Signature Date (required if based on parental expenses)	<del></del>