Pacific Lutheran University
2027-28 Special Circumstances Form: Reduction/Loss of Income

Instructions: If your current income is much lower than your 2025 income, please complete and submit this form along with a letter of explanation and supporting documentation. If you list an amount for "Other taxable income" or "Other untaxed income" in the table below, please indicate the source of that income in your letter of explanation.

Student's Name: _____ **Student ID**: _____

Household income lower in 2026 or 2027 due to (Check all that apply):

- ☐ Change in employment, including change of employer, reduction in wages, retirement, job loss, etc (attach paystubs, termination notice, unemployment benefits statement, etc)
- ☐ Loss of income due to death, divorce, separation (attach death certificate, divorce decree, etc)
- ☐ Termination of child support or alimony (attach tax returns for alimony/spousal support change)
- ☐ 2025 income included one-time only income (attach 2025 tax return)
- ☐ Other

Actual Income 2026 (1/1/26 - 12/31/26)		Estimated Income 2027 (1/1/27 - 12/31/27)	
Type of Income (Parent)	**Amount**	**Type of Income (Parent)**	**Amount**
Parent 1 Gross Earnings (attach 2026 tax return and W-2s)		Parent 1 Gross Earnings (attach most recent 2027 paystubs)	
Parent 2 Gross Earnings (attach 2026 tax return and W-2s)		Parent 2 Gross Earnings (attach most recent 2027 paystubs)	
Other taxable income (unemployment, disability, etc)		Other taxable income (unemployment, disability, etc)	
Other untaxed income (untaxed IRA/pension distributions, etc)		Other untaxed income (untaxed IRA/pension distributions, etc)	
Type of Income (Student)	**Amount**	**Type of Income (Student)**	**Amount**
Student Gross Earnings (attach 2026 tax return and W-2s)		Student Gross Earnings (attach most recent 2027 paystubs)	
Spouse Gross Earnings (attach 2026 tax return and W-2s)		Spouse Gross Earnings (attach most recent 2027 paystubs)	
Other taxable income (unemployment, disability, etc)		Other taxable income (unemployment, disability, etc)	
Other untaxed income (untaxed IRA/pension distributions, etc)		Other untaxed income (untaxed IRA/pension distributions, etc)	

Signatures

I affirm that the information provided is true and accurate to the best of my knowledge.

_____ _____

Student Signature Date Parent Signature Date
(required if based on parental income)

Please upload completed and signed documents directly to our secure portal:
https://etcentral.plu.edu/#/form/19

Pacific Lutheran University
2027-28 Special Circumstances Form: Extraordinary Expenses

Instructions: If you have faced extraordinary expenses since 2025, please complete and submit this form along with a letter of explanation and supporting documentation.

Student's Name: _____ **Student ID**: _____

Check all that apply:

☐ I will have another child in college in 2027-28 and have attached a completed Sibling Net Cost Worksheet. Please also submit other supporting documentation such as a letter of admission, copy of class schedule, financial aid award letter, or copy of term bill.

☐ I will have a child enrolled in private elementary and/or secondary schooling for 2027-28 and have attached documentation for tuition costs of $ _____. Be sure this documentation lists your out-of-pocket cost after scholarships and grant.

☐ I have attached documentation of the support provided to the following family member in 2027 in the amount of $ _____ per month for _____ months in 2027. (This person CANNOT be included in the family size on FAFSA).

☐ Grandparent or grandchild ☐ foreign exchange student
☐ special needs adult child ☐ family members out of country

☐ I have attached documentation of out-of-pocket home repair costs (not covered by insurance) of $_____ due to a natural disaster that will be paid in 2027.

☐ I have attached documentation of $_____ in out-of-pocket medical/dental expenses (not covered by insurance) that will be paid in 2027. 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).

Signatures

I affirm that the information provided is true and accurate to the best of my knowledge.

_____ _____

Student Signature Date Parent Signature Date
(required if based on parental expenses)

Please upload completed and signed documents directly to our secure portal:
https://etcentral.plu.edu/#/form/19