



2026 – 27 Unusual Circumstances Form

I. Student Information

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Student ID Number
_____ Email Address	(____) ____ - ____ Home Phone Number	(____) ____ - ____ Cell Phone Number	

Students are classified as dependent or independent because federal student aid programs are based on the idea that students **(and their parents or spouse, if applicable)** have the primary responsibility for paying for their postsecondary education.

The U. S. Congress defines an independent student **(for financial aid purposes)** as one who meets one of the following conditions at the time the 2026–27 Free Application for Federal Student Aid (**FAFSA**) is completed and signed:

- You are married.
- You were born before January 1, 2003.
- You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
- You are a veteran of the U. S. Armed Services (**discharge must not be dishonorable**).
- You are working on a master's or doctoral degree.
- You have children who receive **more than half of their support from you**.
- You have dependents (**other than your children or spouse**) who live with you and who receive **more than half of their support from you, now and through June 30, 2027**.
- When you were age 13 or older, you were an orphan with no living biological or adoptive parent.
- When you were age 13 or older, you were in foster care.
- When you were age 13 or older, you were a dependent/ward of the court.
- You are an emancipated minor as determined by a court in your state of legal residence.
- On or after July 1, 2025, you were determined to be an unaccompanied youth who was homeless or self- supporting and at risk of being homeless by either your school district liaison, the director of an emergency shelter, or the director of a runaway or homeless youth center.

Note: You may be required to provide additional information if one of the above conditions applies to you.

The Higher Education Act allows an aid administrator to consider dependency overrides on a case-by-case basis for students with unusual circumstances. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:**

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the application or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

IMPORTANT

- Your dependency status will be renewed each year unless you notify us that your circumstances have changed.
- We may request additional documentation when applicable.
- Adjustments made to your FAFSA as a result of granting your request may delay or change your financial aid awards.
- Requests to evaluate dependency status without required documentation will not be considered.
- Responses will be sent via email notification.

II. Situations in which revisions may be made to your original application:

- Incarceration of the custodial parent
- Abandonment by both parents
- History of parental alcohol or drug abuse
- Abusive home situation that is detrimental to your physical or mental well-being

III. Documentation Requirements:

- Two or more signed statements from third parties having firsthand knowledge of the circumstances. These should include statements on agency letterhead from social workers, school officials, church officials, or others in positions of authority that are familiar with the situation. Personal references, which do not represent an agency opinion, must include contact information.
- Copies of any court documentation relevant to your situation
- A copy of student's 2024 IRS federal tax return transcript
- A signed statement detailing why you should be considered an independent student

IV. Monthly Expenses and Income Worksheet:

2025 OR 2026 EXPENSES: List your monthly expenses below and the name of the person who provides payment for them.

Expense	Monthly Cost	Who Pays or Provides the Expense
Housing	\$	
Utilities	\$	
Food	\$	
Child Care or Dependent Care	\$	
Transportation	\$	
Medical/Insurance	\$	
Personal (clothing, toiletries, etc.)	\$	
Other	\$	
TOTAL EXPENSES:	\$	

Section IV continues onto the next page

2025 OR 2026 INCOME: List your monthly income as specified below, and list the source of that income by name (examples: self-employed, employer's name, trust fund, etc.).

Type of Income	Monthly Income	Source(s)
Wages	\$	
Interest/Dividends	\$	
Untaxed Income (social security, unemployment compensation, etc.)	\$	
Cash Support/Gift	\$	
Federal Work-Study	\$	
TANF	\$	
Other	\$	
TOTAL INCOME:	\$	

HAVE YOU COMPLETED ALL OF THE DOCUMENTATION REQUIREMENTS FOR YOUR SITUATION?

V. Additional Information (Answer all questions below)

1. List the **month and year** you **last** lived with your parent(s): _____
2. List the **month and year** you **last** received financial support from your parent(s): _____
3. List the **year** you were **last** claimed by someone else as an exemption on their Federal Tax Return and your relationship to them.
 - a. Year you were claimed: _____
 - b. Person who claimed you (grandparent, sister, etc.): _____
4. If you are covered under a medical plan, list the following information:
 - a. If not covered, list "not covered" here: _____
 - b. Name of person paying insurance premiums: _____
5. If you drive a personal vehicle, list the following information:
 - a. List the name of the registered owner of your automobile: _____
 - b. Name/relationship of person paying auto payment: _____

VI. Signature (Electronic Signature not accepted)

All of the information on this Unusual Circumstance Form is true and complete to the best of my knowledge. I understand that if I give false or misleading information on this request, I may be subject to a \$20,000 fine, a prison sentence, or both.

Student's Signature

Date

Return completed form to: Russell Sage College, Attn: Financial Aid Office, 65 First Street, Troy, NY 12180

Note: It is your responsibility to blacken out all personal identifying information if you send your document through the mail (all but last four digits of your Social Security number, bank account information, etc.).