

B. EXPECTED 2025 INCOME (January 1, 2025 – December 31, 2025)- Complete ONLY if you are appealing due to loss of income and ONLY for the individual affected.

Affected person(s):

Name of individual(s) whose income has significantly changed _____

Monthly gross income from work (before deductions)

Please Check:

- Student
- Father
- Mother

Jan 2025	\$	
Feb 2025	\$	
Mar 2025	\$	
Apr 2025	\$	
May 2025	\$	
June 2025	\$	
July 2025	\$	
Aug 2025	\$	
Sept 2025	\$	
Oct 2025	\$	
Nov 2025	\$	
Dec 2025	\$	
Total		

Monthly income from benefits

Please Check:

- Unemployment benefit
- Worker's compensation
- Child support received (for all family members)

Jan 2025	\$	
Feb 2025	\$	
Mar 2025	\$	
Apr 2025	\$	
May 2025	\$	
June 2025	\$	
July 2025	\$	
Aug 2025	\$	
Sept 2025	\$	
Oct 2025	\$	
Nov 2025	\$	
Dec 2025	\$	
Total		

In these spaces, the affected person will need to itemize their actual and/or estimated total monthly gross income (before deductions) from work. If they will not have any income from work please fill in blank(s) with a zero (0).

If the affected person will be receiving any of these benefits below, please indicate the amounts per month and total all columns that have monthly amounts reported.

All of the following are required:

- A detailed letter explaining my special circumstances
- Your and your parent's 2023 **signed IRS tax return**
 - Please mark if you, the student, were not required to file a 2023 federal tax return
- Acceptable documentation to support my special circumstance
- A completed and signed copy of this form

My signature below certifies that all information on this request and attachments is true, accurate and complete to the best of my knowledge. I understand that approval of this request is contingent upon the accuracy of the information submitted on the FAFSA.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

After all required documents have been received, the student will be notified of the outcome via Edgewood email within 2 weeks. If you would like the results copied to an additional email address, please provide the address below.

Additional email: _____

Submit Materials to:
 Edgewood Central
 1000 Edgewood College Dr.
 Madison, WI 53711

Fax: 608-663-3495
 Scan & Email: ecentral@edgewood.edu