



Special Conditions 2019-2020
Dependent Students

Name: _____ SSN: _____ SID: _____

Phone Number: _____ Best Times for Appointments: _____

1. Circle the circumstance that reflects your situation:

A. *My Family's income has declined in 2019-2020 due to:*

Unemployment, Retirement, Change in Employer, Reduction in hours, a one-time income received in 2017, Death of a wage earner, Divorce/Separation

2. Please return this completed form along with:

- a. Copy of the Student\Parents(s) 2018 federal tax return transcripts.
- b. A brief letter explaining the loss of income.
- c. Any additional documentation listed below:
 - If Unemployment/Reduced hours: Copy of employment termination or notification of reduction in hours from employer
 - If one-time income: copy of proof of the one-time income (ex. W2, tax schedule, 1099, etc.).
 - If death of a wage earn: a copy of the death certificate, documentation of any insurance payment expected to be received.
 - If divorce\separation: copy of legal separation or divorce papers, clear documentation concerning expected child and\or spousal support payment or receipt.
 - Non-reimbursed Medical\Dental Expenses

d. Household size in 2019-2020 year: Number in Household _____ Number in College _____

3. Student Income Information

Students Gross Income from Work for 2018: _____

Parent(s) Gross Income from Work for 2018: _____

Student and Parent(s) Other Taxable income for 2018-please circle: (alimony received, business\farm income, rental income, unemployment, capital gains, interest\dividends, or other _____):

Student and Parent(s) other Non-Taxable Income-Please circle: (child support received, military benefits other than educational benefits, tax-deferred pensions, other _____):

Student and Parent(s) Income Exclusions-Please circle: (child support paid, Americorps award, military benefits other than educational benefits, tax-deferred pensions, other _____):

4. Extraordinary Expenses (please provide documentation of expenses) check the line that applies:

_____ Extraordinary medical\dental expenses not covered by insurance and the student or parent(s) are paying (please attach documentation, schedule A).

_____ The parent(s) or student have the following unusual circumstances which limit their ability to assist with the student's educational expenses.

Student's Signature

Date

Parent(s) Signature

Date

Staff Use Only

Approved Denied Verified Code as PJ Old EFC: _____ New EFC: _____

Explanation: _____

Signature: _____ Date: _____