



Special Conditions 2019-2020 Independent 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\Spouse's 2018 federal tax return transcripts.
b. A brief letter explaining your 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

Household size in 2019-2020 year: Number in Household \_\_\_\_\_ Number in College \_\_\_\_\_

3. Student Income Information

Students Gross Income from Work for 2018: \_\_\_\_\_
Spouses Gross Income from Work for 2018: \_\_\_\_\_
Student and Spouse's Other Taxable income for 2018-please circle: (alimony received, business\farm income, rental income, unemployment, capital gains, interest\dividends, or other \_\_\_\_\_):
Student and Spouse's other Non-Taxable Income-Please circle: (child support received, military benefits other than educational benefits, tax-deferred pensions, other \_\_\_\_\_):
Student and Spouse'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 that line that applies:

\_\_\_\_\_ Extraordinary medical\dental expenses not covered by insurance and that you are paying (please attach documentation, schedule A).

\_\_\_\_\_ I have the following unusual circumstances which limit my ability to assist with my own educational expenses.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**Staff Use Only**

Approved     Denied     Verified     Code as PJ    Old EFC: \_\_\_\_\_    New EFC: \_\_\_\_\_

**Explanation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_