

SPECIAL CONDITION FORM 2016-17

Name: _____ K# or SSN: _____

If you and your family have experienced unusual circumstances, complete this form to the best of your ability and provide the **requested documentation** to our office. We will review your request and respond to you as quickly as possible. This is not an all-inclusive list. If you have experienced a hardship that is not listed here, provide us with as much detail as possible as to how the situation has affected you financially, either in terms of income loss or additional expenses.

UNUSUAL MEDICAL AND DENTAL EXPENSES:

For independent students (and their spouse), and for parents of dependent students. Amount paid for medical/dental insurance in 2015 (do not include employer's contributions) \$_____.
2015 medical/dental expenses not covered by insurance \$_____.

Will your unreimbursed medical/dental expenses be lower, the same or higher in 2016, and why?

★ **Documentation required:** signed IRS transcripts of 2015 Federal Income Taxes (call 1-800-908-9946 to order), Schedule A from the U.S. 1040 Tax Return (itemized deductions), Receipts of medical and dental payments, Verification Form (if selected for verification).

UNUSUAL DEBTS: addresses families with high debt payments for unusual circumstances such as mortgages or credit card debts to cover unemployment expenses or failed business; legal fees for divorce, adoption, etc.; education loans of parents or spouses; or personal debts for non-discretionary expenses. List the type and purpose of debt, total amount owed, and amount of monthly payments:

| <u>TYPE/ CAUSE OF DEBT</u> | <u>AMOUNT OF ORIG. DEBT</u> | <u>AMOUNT OWED</u> | <u>MONTHLY PAYMENT</u> |
|----------------------------|-----------------------------|--------------------|------------------------|
|----------------------------|-----------------------------|--------------------|------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please explain if these expenses will be lower, the same, or higher in 2016 and why: _____

★ **Documentation required:** signed IRS transcripts of 2015 Federal Income Taxes (call 1-800-908-9946 to order), contract, mortgage or lien, billing or payment summary from the individual, company or agency to which the money is owed, verification Form (if selected for verification).

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INCOME REDUCTION: If your income and/or your spouse's or parent's income will be less in 2016 than it was in 2015 check the appropriate reason and explain the situation below:

- | | |
|---|--|
| _____ Death of a spouse or parent | _____ Disabilities of student, spouse, or parent |
| _____ Divorce or separation | _____ Loss of untaxed income or benefit |
| _____ Natural disaster | _____ Unemployment or change in employment |
| _____ One-time income (e.g. inheritance, moving expense allowance, IRA or pension distribution) | |

EXPLAIN YOUR SITUATION, BE SURE TO **INCLUDE THE DATE(S)** OF THE CHANGE IN CIRCUMSTANCES:

| <u>Anticipated income for 2016*:</u> | <u>PARENT(S)</u> | <u>STUDENT/SPOUSE</u> |
|--|-------------------------|------------------------------|
| Wages, salaries, tips, severance pay, disability pay | \$ _____ | \$ _____ |
| Other taxable income | \$ _____ | \$ _____ |
| Unemployment compensation | \$ _____ | \$ _____ |
| Untaxed social security | \$ _____ | \$ _____ |
| ADC/AFDC/Welfare | \$ _____ | \$ _____ |
| Child support received | \$ _____ | \$ _____ |
| Other untaxed income (e.g. worker's comp.) | \$ _____ | \$ _____ |

If you or your parent divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or the information of your surviving parent.

★ **Documentation Required:** signed IRS return transcripts of 2015 Federal Income Taxes (call 1-800-908-9946 to order), pay stubs or signed statements documenting estimated 2016 earnings, or verification of actual social security, unemployment benefits, workers compensation benefits, or disability payments, verification form (if selected for verification).

***Because your Special Condition is based on projected year income, you must wait until July 1, 2016 to submit this application.**

CERTIFICATION: The information listed on this form is true and correct to the best of my knowledge. I understand that knowingly giving false information will result in review of my financial aid eligibility.

Signature of Student

Date

Signature of Parent (for dependent student)

Date

Signature of Spouse (for married student) (optional)

Date