



SPECIAL CONDITION FORM 2017-18

Student's Name: _____
k-number: _____ Phone number: _____

If you and/or your family have experienced unusual circumstances, complete this form by checking all that applies to your situation to the best of your ability and provide the **required documentation**** under each section 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 (paid out-of-pocket) \$ _____.

Will your unreimbursed medical/dental expenses be lower, the same or higher in 2016 or 2017 (include the most affected year), and why expenses will be higher or lower? _____

****Required Documentation:** schedule A (itemized deductions) from the U.S. 1040 Tax Return for the year in which expenses were claimed, receipts of medical and dental payments, if selected for verification: verification form & 2015 IRS Tax Return transcripts (call 1-800-908-9946 to order). Keep in mind that the FAFSA includes an income protection allowance for some medical/dental expenses; only amounts greater than 11% of household income can be considered.

UNUSUAL DEBTS:

Families with high debt payments for unusual circumstances such as mortgages or credit card debts to cover; unemployment expenses, failed business, natural disaster, legal fees for divorce, adoption, etc.; education loans of parents or spouses; or personal debts for non-discretionary expenses.

- List below 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 either 2016 or 2017 and why: _____

****Required Documentation:** contract, mortgage or lien, billing or payment summary from the individual, company, or agency to which the money is owed. If selected for verification: V1 verification form & 2015 IRS Tax Return transcripts (call 1-800-908-9946 to order).

Continued on other side ►

Please return this completed form to Kirkwood Community College along with any other requested materials:

Fax: 319-398-4928 | Email: onestop@kirkwood.edu

KCC One Stop Office, 6301 Kirkwood BLVD SW, Cedar Rapids, IA 52404

Page 1 of 2



SPECIAL CONDITION FORM 2017-18

Student's Name: _____
k-number: _____ Phone number: _____

INCOME REDUCTION:

If your, your spouse's and/or your parent's income was or will be less in either 2016 or 2017 than it was in 2015 check the appropriate reason and explain the situation below:

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

Explain your situation: **INCLUDE THE DATE(S)** of the change in circumstances, and **INCLUDE THE NAMES** of those affected (if other than student):

For the above mentioned affected year provide

Actual amounts for 2016 or Anticipated 2017*

	PARENT(S)	STUDENT/SPOUSE
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.

****Required Documentation:** pay stubs or signed statements documenting estimated 2016 or 2017 earnings, or verification of actual social security, unemployment benefits, workers compensation benefits, or disability payments, if selected for verification: verification form & 2015 IRS Tax Return transcripts (call 1-800-908-9946 to order).

***If your Special Condition is based on projected 2017 year income, you must wait until July 1, 2017 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) Date
(optional)

Please return this completed form to Kirkwood Community College along with any other requested materials:

Fax: 319-398-4928 | Email: onestop@kirkwood.edu

KCC One Stop Office, 6301 Kirkwood BLVD SW, Cedar Rapids, IA 52404