

**Student's Name:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_

Please complete both sides of this form and return it with the documentation listed below.

**LOSS OF INCOME**

**Please check the appropriate box, complete both sides of this form and submit it with the documentation listed below.**

- A parent/spouse has been unemployed or unable to work for at least 30 days, and the lost income is equal to at least 8% of the total family income earned in 2020.

**Submit the following documentation for this circumstance:**

- A letter from your employer or a copy of the termination which confirms:
  - Last date of employment
  - Average number of hours worked per week
  - Number of weeks worked in most recent year; and
- Total wages earned in most recent year (submit last YTD paystub)
- Certification of Unemployment Benefits, severance pay, and short term / long term disability (if applicable)
- Copies of most recent W2s and federal tax return transcript, if completed

- There has been a decrease in income since 2019 either due to divorce or death of parent/spouse, or change of job.

**Submit this documentation for this circumstance:**

- Copies of last pay stub at original rate and first pay stub at current rate
- Copies of parent/spouse and student most recent W2s and signed federal tax returns with schedules
- Divorce decree or death certificate

- No longer receiving Social Security Benefits since reported year.

**Submit the following documentation for this circumstance:**

- Copy of Notice of Termination of Benefits
- Copies of most recent W2s and signed federal tax returns with schedules, if completed

- Student married after the 2022-2023 FAFSA had been filed. \*Marriage MUST happen prior to December 31<sup>st</sup>, 2022

**Submit the following documentation for this circumstance:**

- Copies of student and spouse 2020 Tax Return Transcript and 2020 W2's
- Marriage Certificate
- V1 Verification Worksheet

- Other: Explain on other side**

**HIGH OUT OF POCKET MEDICAL EXPENSES**

**Submit this documentation for high out of pocket medical expenses, if applicable.**

Copies of 2020 W2s and signed 2020 federal tax returns with schedules, including but not limited to Schedule A. If no Schedule A, please submit copies of receipts and an itemized listing of medical/dental/elder care payments made in 2020 and 2021 showing total expenses not covered by insurance.

### 2022-2023 Special Conditions Form

**SPECIAL CIRCUMSTANCE**

**DATE THIS HAPPENED**

- Parent has become unemployed  Father  Mother  
 Parent has become unable to work due to a medical condition or disability.  
 Parent's untaxed income or benefits have ended.  
 Parent has a one-time income adjustment  
 Parents divorced or separated  
 Other (explain): \_\_\_\_\_

\_\_\_\_\_  
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**Projected Annual Income and Benefits: Current year**

- Please include yearly amounts and not monthly amounts
- If the unemployed person worked in current year, you must use the year-to-date gross pay listed on the last paystub.
- If this is regarding a deceased parent/spouse, please indicate the 2019 income for the surviving parent or spouse.

| <i>January 1, 20__ - December 31, 20__.</i>  | <b>Student</b> | <b>Spouse</b> | <b>Father</b> | <b>Mother</b> |
|--|----------------|---------------|---------------|---------------|
| Estimated Work Income  |                |               |               |               |
| Estimated Unemployment Benefits  |                |               |               |               |
| Estimated Untaxed Benefits (e.g. Welfare Benefits, Social Security/SSI Benefits, etc.) |                |               |               |               |
| Estimated Support from Family or Friends (include even non cash support)               |                |               |               |               |
| Estimated other Taxed Benefits (e.g. pension)  |                |               |               |               |
| <b>Total Estimated Income</b>  |                |               |               |               |

**Explanation of Special Circumstances** (to be completed by parent or independent student): Please provide specific details about the changes in your financial situation since 2019. Include a timeline of any income changes and relevant employer names.

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

**CERTIFICATION AND SIGNATURES**

- Our signatures certify the information reported on this form is accurate to the best of our knowledge.
- If any of our projections change, we will immediately notify the Financial Aid office in writing.
- We understand additional documentation may be requested.
- We will make arrangements to pay our bill on time and not wait for the outcome of this request for additional financial assistance

*Please complete this form in its entirety and submit with all required documentation listed on the first page. The Special Conditions form cannot be reviewed until all required documents are received.*

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

**Parent/Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_