

## 2008-2009 Special Conditions Request

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Special conditions may exist which are not reflected on the 2008-2009 Free Application for Federal Student Aid (FAFSA). Please indicate the nature of these conditions and provide documentation as requested. Complete the information on the reverse side of this form only when reporting a loss of income.

**Return this form with the following:**

1. 2008-2009 Verification Worksheet
2. Signed 2007 Federal tax returns for yourself and parents/spouse, including schedules and W-2's
3. Additional documentation as requested below.

**Special conditions include:**

\_\_\_\_\_ Loss of job and/or has had more than a 10% reduction in income from 2007 to 2008. Please provide the following documents:

1. Copy of last 2 pay stubs from former job.
2. Copy of 2 pay stubs from new job, if applicable.
3. Copy of unemployment benefits, if receiving.
4. Letter explaining when the job was lost and explaining current financial situation.
5. Complete the reverse side of this form.

\_\_\_\_\_ Unusual medical/dental expenses were incurred during either 2007 or 2008. Circle which year you would like considered. (We can consider one year's medical expenses but not both years.) Please provide the following documents:

1. Letter explaining medical/dental situation and whether it was a one time occurrence or is a continuing condition.
2. Spreadsheet showing type of service, date of service and amount paid. For example:

Date	Type of Service	Cost of Service	Amount Paid
02/21/2006	Doctor Appointment	\$75	\$20
02/21/2006	Prescription	\$40	\$40

3. Copy of receipts for items listed in spreadsheet. Note: We can only consider medical/dental expenses actually paid in a calendar year, not those billed.

\_\_\_\_\_ Decrease in other benefits received such as Social Security, child support, etc. Please provide the following documents:

1. Copy of statements before and after decrease.
2. Letter explaining changes in benefit and the date the benefit changed.

\_\_\_\_\_ One of your parents or your spouse whose income was reported on the FAFSA is deceased. Please provide the following documents:

1. Copy of the death certificate.
2. Letter explaining any changes to financial situation, assets, and business or investment values.

\_\_\_\_\_ Other – Please provide a detailed description in a letter and provide supporting documentation.

Who should we contact if we have questions about the information provided on this form or the documentation received?

Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Please enter in the spaces provided below the amounts expected to be received between January 1, 2008 and December 31, 2008. If none, enter "0".

<b>Expected Taxable Income</b>	<b>Father</b>	<b>Mother</b>	<b>Student</b>	<b>Spouse</b>
Wages, salaries, tips				
Severance pay				
Pensions and annuities				
Interest and dividend income				
Business or farm income				
Capital gains				
Alimony <i>received</i>				
Unemployment compensation				
Other taxable income				
<b>Total Expected Taxable Income</b>				
<b>Expected Untaxed Income</b>				
Payments to tax-deferred pensions and savings plans (401k, etc.)				
Social Security Benefits				
Retirement or disability benefits				
Worker's compensation				
Living allowances for military/clergy				
Child support <i>received</i>				
Non-educational Veteran's benefits				
Other untaxable income				
<b>Total Expected Untaxed Income</b>				
<b>Other Information</b>				
Child support <i>paid</i>				
2008 Work-study earnings				
National Service Program				
Taxable Scholarships & Grants				
Alimony <i>paid</i>				

I (We) certify that all information on this form is true and complete to the best of my knowledge. I (We) understand that if actual income is greater than estimated income, corrections may be made to my financial aid paperwork and my financial aid may be reduced.

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

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

PAGI: \_\_\_\_\_ Wksht A: \_\_\_\_\_  
 FINC: \_\_\_\_\_ Wksht B: \_\_\_\_\_  
 MINC: \_\_\_\_\_ Wksht C: \_\_\_\_\_  
 TxPd: \_\_\_\_\_

StAGI: \_\_\_\_\_ WkshtA: \_\_\_\_\_  
 StINC: \_\_\_\_\_ Wksht B: \_\_\_\_\_  
 SpINC: \_\_\_\_\_ Wksht C: \_\_\_\_\_  
 TxPd: \_\_\_\_\_

Estimated Revised EFC: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_