

2009-2010 Special Conditions Request

Student Name: _____ SSN/ID: _____
 Address: _____ Phone #: _____

Special conditions may exist which are not reflected on the 2009-2010 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. 2009-2010 Verification Worksheet
2. Signed 2008 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 more than a 10% reduction in income from 2008 to 2009. Please provide the following documents:

1. Copy of last pay stub from former job if job loss/change occurred in 2009.
2. Copy of the 2 most recent pay stubs from new job, if applicable.
3. Copy of unemployment benefits letter, 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 that were PAID during 2008 or will be paid in 2009. (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 |
|------------|--------------------|-----------------|-------------|
| 02/21/2008 | Doctor Appointment | \$75 | \$20 |
| 02/21/2008 | 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 child support, etc. Please provide the following documents:

1. Copy of statements before and after decrease, if applicable.
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.

_____ Divorce or Separation after the FAFSA was filed. Provide copies of 2008 tax return and W-2's. If assets/investments are reported on the FAFSA and they are NOT jointly owned, then provide documentation of who owns the asset/investment. You do not need to complete the income grid on the back of this sheet.

_____ 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, 2009 and December 31, 2009. If none, enter "0".

| Expected Taxable Income | Father | Mother | Student | Spouse |
|--|---------------|---------------|----------------|---------------|
| 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 | | | | |
| Total Expected Taxable Income | | | | |
| Expected Untaxed Income | | | | |
| 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 | | | | |
| Total Expected Untaxed Income | | | | |
| Other Information | | | | |
| 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: _____ Addt'l Info: _____ StAGI: _____ Addt'l Info: _____
 FINC: _____ Untx Inc: _____ StINC: _____ Untx Inc: _____
 MINC: _____ # Hsld: ___ # Col: ___ SpINC: _____ # Hsld: ___ # Col: ___
 TxPd: _____ TxPd: _____

Estimated Revised EFC: _____

Reviewed By: _____ Date: _____ Reason: _____