

2019-2020 Special Condition Application

Student Name : _____ **Student ID:** _____

Federal Regulation for Financial Aid allows a Financial Aid Administrator limited authority to adjust the Free Application for Federal Student Aid (FAFSA) data elements when certain circumstances exist. A Special Condition is not the costs associated with lifestyle choices, consumer indebtedness (house payments, car expenses, living without roommates, credit card debt, etc.). Please note, bankruptcy cannot be used in the review of eligibility for financial aid. If you feel that your circumstances have changed significantly since you originally filed your 2019-20 FAFSA, please review this form and follow the instructions.

Your FAFSA and all verification documents must be submitted prior to filing a Special Condition Application.

Step 1: In the first column of the table below, check the appropriate circumstance, attach a signed statement explaining the details, and provide all necessary supporting documentation.

Special Condition	For an Independent Student	For a Dependent Student	Required Documentation – All requests need a signed statement explaining situation.
<input type="checkbox"/> Loss of Employment There must be at least 3 months of lost income before you can submit this request.	Your (and/or your spouse's) earned income in 2019 will be significantly less than it was reported on the FAFSA.	Your parent(s) or your earned income in 2019 will be significantly less than it was reported on the FAFSA.	*Last pay stub(s) *Termination letter or resignation letter *Unemployment summary *Copy of severance package details *Documentation of year-to-date income.
<input type="checkbox"/> Loss of Income <ul style="list-style-type: none"> • Social Security • Child Support • Alimony 	Your (an/or your spouse's) benefits in 2019 will be less than those reported on the FAFSA.	Your parent(s) or your benefits in 2019 will be less than those reported on the FAFSA.	For Social Security: *Documentation of total amount of 2019 benefits and date of termination or reduction with effective date and new monthly amounts if applicable *For child support or alimony: Documentation of 2019 updated figures.
<input type="checkbox"/> Marital separation or divorce AFTER 2019-2020 FAFSA has been filed	You and your spouse have divorced or separated AFTER filing the FAFSA.	Your parents have divorced or separated AFTER filing the FAFSA.	*Divorce decree or separation agreement that includes anticipated child support and/or alimony *Proof of separate addresses for both parties (e.g. utility bill, lease agreement, etc.). *Copy of 2017 federal tax return and W2s.
<input type="checkbox"/> Death of a parent or spouse	Your spouse has passed away.	A parent whose information is on the FAFSA has passed away.	Copy of Death Certificate
<input type="checkbox"/> Medical or dental expenses To make adjustments in this area, you must document where you have out-of-pocket expenses beyond the set of medical care that is already figured into the federal EFC formula.	Your (and/or your spouse's) unreimbursed medical/dental expenses in 2017 exceeded 11% of your income protection allowance.	Parent(s) or student unreimbursed medical/dental expense in 2017 exceeded 11% of your income protection allowance.	*Documentation of PAYMENT(s) made in 2017 (not covered by insurance) medical/dental bills *Schedule A (if filed) of the IRS 1040
<input type="checkbox"/> Parent in College	n/a	A parent whose information is on the FAFSA is enrolled in college at least half time.	Copy of schedule and/or bill statement for parent.

Step 2: Enter all untaxed income and benefits received for January 1, 2019, to December 31, 2019. Do Not Leave Blank

Untaxed Income and Benefits for 2019	Parent 1	Parent 2	Student	Spouse
Retirement/Pensions Benefits	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Disability/Workers Compensation – exclude SSDI	\$	\$	\$	\$
Veterans Non-Education Benefits	\$	\$	\$	\$
Payments to Retirement Accounts	\$	\$	\$	\$
Other: ex. COLA	\$	\$	\$	\$

Step 3: Enter all taxable income received for January 1, 2019, to December 31, 2019. Do Not Leave Blank

Taxed Income and Benefits for 2019	Parent 1	Parent 2	Student	Spouse
Wages, Salaries, Tips (received 2019 year to date)	\$	\$	\$	\$
Wages, Salaries, Tips (estimate for remaining 2019)	\$	\$	\$	\$
Total Wages, Salaries, and Tips for 2019	\$	\$	\$	\$
Interest and Dividends (re. Native Corporation dividends)	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Pension/IRA Distribution	\$	\$	\$	\$
Business/Farm Income	\$	\$	\$	\$
Rental Income or Loss	\$	\$	\$	\$
Other:	\$	\$	\$	\$

Certification

I certify that the above information and any additional information provided are true and correct to the best of my knowledge. I understand that this information will be used to determine my eligibility for federal and institutional student aid, and as such, carries the same penalties for misrepresentation and fraud as my Free Application for Federal Student Aid (FAFSA).

Student Signature: _____ **Date:** _____

Spouse Signature (if married): _____ **Date:** _____

Parent Signature: _____ **Date:** _____

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