

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 during 2024.
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 2022 either due to divorce or death of parent/spouse or change of job.
Submit this documentation for this circumstance:
 - Copies of the last pay stub at the original rate and the first pay stub at the current rate
 - Copies of parent/spouse and student's 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

- Other: Explain on the other side**

HIGH OUT OF POCKET MEDICAL EXPENSES

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

Copies of 2024 W2s and signed 2024 federal tax returns with schedules, including but not limited to Schedule A. If there is no Schedule A, please submit copies of receipts and an itemized listing of medical/dental/elder care payments made in 2024 and 2025 showing total expenses not covered by insurance.

2025-2026 Special Conditions Form

<u>SPECIAL CIRCUMSTANCE</u>	<u>DATE THIS HAPPENED</u>
<input type="checkbox"/> Parent has become unemployed <input type="checkbox"/> Father <input type="checkbox"/> Mother	_____
<input type="checkbox"/> Parent has become unable to work due to a medical condition or disability.	_____
<input type="checkbox"/> Parent's untaxed income or benefits have ended.	_____
<input type="checkbox"/> Parent has a one-time income adjustment	_____
<input type="checkbox"/> Parents divorced or separated	_____
<input type="checkbox"/> Other (explain): _____	_____

Projected Annual Income and Benefits: Current year

- Please include yearly amounts and not monthly amounts
- If the unemployed person worked in the 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 2022 income for the surviving parent or spouse.

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

Explanation of Special Circumstances (to be completed by parent or independent student): Please provide specific details about the changes in your financial situation since 2021. 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 it 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:** _____