2016-2017 Special Condition Form

Complete this appeal form if you believe there are special circumstances that were not considered during your financial aid review or you can now document a significant change in your family’s financial circumstance. Federal regulations and institutional policies require that exceptions fall within certain parameters and are accompanied with supporting documentation. This form is designed to assist you in providing information critical to the review of your appeal.

Student Information

Student Name:

Banner ID: Date:

Submit a Letter of Explanation

Please attach a separate letter that includes additional details describing the basis for your appeal request. Be sure to include all relevant information (i.e. dates circumstances occurred, your best estimates to costs and figures being asked of you) and any other information you feel would allow you to explain the circumstances fully. Please provide any additional supporting documentation, even if it was not specifically asked for on this form, if you feel it would strengthen your appeal.

Submit 2015 Tax Information

Please attach a hard copy of your finalized 2015 federal tax return including W2 statements and all schedules, for both parent(s) & student. Please check the most appropriate circle below for the parent(s) & student:

- Parent Taxes
  - 2015 federal tax forms for Parent 1 & 2 have already submitted to the College, including all schedules and W2.
  - 2015 federal tax forms are attached for Parent 1 & 2, including all schedules and W2.
  - Parent 1 & Parent 2 were not required to file 2015 federal tax forms.

- Student Taxes
  - 2015 federal tax forms for student have already been submitted to the College, including all schedules and W2.
  - 2015 federal tax forms for student are attached, including all schedules and W2.
  - The student was not required to file 2015 federal tax forms.

Certification and Signatures

- We affirm that the data contained on this form and on all attached supporting documentation is true and complete to the best of our knowledge. If any of our projections change, we will immediately notify the Office of Financial Aid in writing.
- We will make arrangements to pay our bill on time and not wait for the outcome of our appeal on file. We understand that submission of an appeal does not guarantee an adjustment to a student’s award, nor prevent financial holds or the accrual of late fees on any unpaid student account balances.
- We understand that if selected for verification by the U.S Department of Education, all documents associated with that process must also be submitted to the Office of Financial Aid prior to reviewing any appeal information.
- We understand that all incoming freshman appeals will be responded to after the May 1 deposit deadline, a majority of returning student appeals received by July 31 will be responded to in mid-September, and a majority of returning student appeals received by November 30 will be responded to in mid-January. Students will be notified, in writing, of the appeal decision.

Student or Parent Signature: ____________________________
Please check all that apply and submit all documents listed. Please note high credit card debt, car payments, wedding expenses, vacations or other discretionary expenses will not be considered.

- **PASSING OF A LOVED ONE**
  During 2015 or 2016, the student’s parent or the student’s spouse has passed away.
- In your letter of explanation, please describe any pending or finalized changes in assets (including life insurance benefits received)
- Provide information about income (social security benefits, pension, and retirement monies received) resulting from this event. If unknown at this time, indicate so we may follow up.

- **DIVORCE OR SEPARATION**
  During 2015 or 2016, the student’s parent or the student has become divorced, separated or ended their domestic partnership.
- In your letter of explanation, describe when the divorce, separation, or domestic partnership ended and who the student is going to be living with. If joint custody, who is the child living with more? You must pick one custodial parent.
- Provide details on how joint assets will be divided, including: cash, home, other real estate, business, etc.
- Provide statement about child support received/paid or alimony expected to be paid/received and to whom.

- **ONE-TIME INCOME**
  During 2015 your income was inflated by a one-time occurrence such as a capital gain, pension/IRA withdrawal, retroactive pay, etc.
- In your letter of explanation, please provide a detailed explanation of the one-time income. Include where the income is now and whether or not it will repeat in a future year.
- Attach documentation/statement from the source of the one-time income showing total dollar figure received.

- **MEDICAL/DENTAL EXPENSES**
  During 2015 or 2016 you have incurred medical/dental expenses not covered by your health insurance plan.
- In your letter of explanation, detail the nature of the expenses. Dental expenses related to orthodontics will not be considered.
- Provide a detailed listing of all the out-of-pocket medical/dental (including medical premiums) incurred in and paid for during 2015 or 2016. Do not include any expenses that your insurance will reimburse.
- You should include documentation such as receipts, insurance records or your doctor’s records for every expense you report, or if you itemize these expenses on your tax return, you may provide a copy of your 2015 Schedule A instead.

- **HOME REPAIR EXPENSES**
  During 2015–2016 your home was damaged due to a natural disaster such as flood, fire, tornado, etc.
- In your letter of explanation, detail the extent of the damage and when it occurred. General maintenance, remodeling and additions will not be considered.
- Attach information about insurance payments received related to the home damage.
**SECONDARY SCHOOL TUITION/TUTORING**
During 2015-2016 tuition or tutoring expenses were incurred for a sibling who has a disability and requires special schooling.
- Attach a 3rd party letter that documents the medical/learning disability of the sibling that requires special schooling or tutoring. *Expenses will not be considered unless it was medically necessary and critical to their educational success.*
- Attach cancelled checks as proof of tuition/tutoring expenses for 2015/2016.

**CHILD OR ELDER CARE EXPENSES**
During 2015-2016 you have incurred expenses related to your children or parent.
- In your letter of explanation detail the total expenses incurred for 2015-2016.
- Attach IRS form 2441 or cancelled checks as proof of expenses incurred for 2015-2016.

**SECONDARY DOMICILE**
The student’s parents or the student’s spouse live at separate residences due to the nature of one person’s employment.
- In your letter of explanation, outline why you are maintaining two households.
- Attach receipts for all expenses paid in 2015-2016 directly related to the second household. Be sure to include items like rent and utilities.

If you are appealing based on the loss of untaxed income/benefits or an involuntary loss of wages/employment, in addition to the required documentation listed below, please fill out the 2016 Estimated Income Worksheet on page 4 of this form. **Do not leave any field blank.** Use ‘0’ if the answer is zero, or ‘N/A’ if the answer is not applicable.

**LOSS OF UNTAXED INCOME/BENEFIT**
During 2015 or 2016 a member of your family has lost some type of untaxed income/benefits (child support, SSI, etc.).
- In your letter of explanation, detail the nature of the untaxed income/benefit. Provide annual figures for 2015 and 2016 and the date the resource stopped.
- Attach any documentation from the agency (if applicable) who is ending the benefit.

**INVOlUNTARY LOSS OF WAGES/EMPLOYMENT**
Loss of income must be for a period greater than 10 weeks and/or at least 20% less than 2015 income.
- In your letter of explanation, detail when the loss of income began and overall loss to date. *Loss of overtime or bonus income will not be considered.*
- In your letter of explanation, detail unemployment and severance received or expected.
- Attach last pay stub from former position.
- Attach most recent paystub showing new or changed salary, if applicable.
- Attach most recent paystub from the other parent (if married or in a domestic partnership.)
# 2016 Estimated Income Worksheet

<table>
<thead>
<tr>
<th>Taxable Income</th>
<th>Actual Income January 1, 2016 to Today</th>
<th>Estimated Income Today to December 31, 2016</th>
<th>Total Income Actual + Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 1 Wages (gross amount)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Parent 2 Wages (gross amount)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest/Dividend Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net Income/Loss from Business (reported on Schedule C, E or F)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Severance Pay</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Capital Gain/Loss (reported on Schedule D)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Rental Income/Loss (reported on Schedule E)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Taxable Portions of Social Security</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Taxable Portions of Pension/Annuity Withdrawals</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Income from Royalties, Partnerships, Estates, &amp; Trusts</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony Received</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Taxable Income: _______________</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxable Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Untaxed Portion of Social Security</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed Portion of Pension/Annuity Withdrawal</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Welfare Benefits (i.e. AFDC, TANF, SNAP)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Voluntary Contributions to Retirement Plans (i.e. 401K, 403B)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Veteran’s Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Housing Allowance (subsidized, military, clergy)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Untaxed Income (includes cash received or money paid on your behalf not reported elsewhere on this form):</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>