

| [] E. DIVORCED/SEPARATED | [] F. LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS |
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| Adjustments may be made if the applicant or the student's parents have divorced or separated after filing the 2012/2013 Free Application for Federal Student Aid (FAFSA). | Adjustments may be made if the applicant, the applicant's spouse or parent, received untaxed income or unemployment benefits in 2011, but lost this income in 2012 or 2013. |
| 1. Student [] Parent [] 2. Date of separation _____ or divorce _____ 3. Date alimony payments began _____ 4. Weekly amount of alimony \$ _____ 5. Date child support began _____ 6. Weekly amount of child support received for all children \$ _____ | 1. Name of person who lost benefits _____ 2. Type of benefit lost _____ 3. Effective date _____ 4. Reason benefits were terminated _____ 5. Total amount received in 2012 \$ _____ 6. Total amount received in 2013 \$ _____ |
| Required Documentation | Required Documentation |
| <ul style="list-style-type: none"> • Copy of 2011 (and 2012 after 2/15/13) IRS Tax Transcript: all pages, schedules and W-2s. • Copy of divorce decree or separation agreement documenting the following; separate addresses for parties seeking legal action, custody information, alimony information and child support information. • Signed Dependent/Independent Verification Worksheet. | <ul style="list-style-type: none"> • Copy of 2011 (and 2012 after 2/15/13) IRS Tax Transcript: all pages, schedules and W-2s. • Copy of benefits cancellation letter. • Signed Dependent/Independent Verification Worksheet. |
| [] G. LOSS OF FULL-TIME WORK | |
| The student worked full time (at least 35 hours a week) for at least 30 weeks in 2011, but is no longer working full time. | |
| 1. Applicant is currently (check one) _____ working part-time _____ unemployed _____ 2. Date and reason of change in employment status _____ 3. If working part-time, answer all questions in item "A" about the applicant. 4. If unemployed, answer all questions in section "A" about the applicant. | |
| Required Documentation | |
| <ul style="list-style-type: none"> • Copy of 2011 (and 2012 after 2/15/13) IRS Tax Transcript: all pages, schedules and W-2s. • Copy of letter of termination from ex-employer (on company letterhead) stating last date of employment and year-to-date earnings or copy of last pay stub. • Copy of "Unemployment Notice to Claimant of Benefit Determination" stating date of claim and total amount of benefits. Employment stubs are not acceptable. • Signed Dependent/Independent Verification Worksheet. | |
| [] H. UNREIMBURSED PAID MEDICAL EXPENSES | |
| Paid medical expenses which occurred in 2011 or 2012 | |
| Name of person(s) incurring in the medical bills _____ | |
| Required Documentation | |
| <ul style="list-style-type: none"> • Copy of 2011 (and 2012 after 2/15/13) IRS Tax Transcript: all pages, schedules and W-2s. • Submit a copy of Schedule "A." • If no schedule "A" was filed, submit a numbered legible list (please be clear and specific) of unreimbursed paid medical expenses and attached organized copies of cancelled checks (front and back), receipts, or a statement from insurance company indicating the amount of unreimbursed expenses to support the provided list. Provide a total of the expenses. • Signed Dependent/Independent Verification Worksheet. | |

CHANGE IN FAMILY CIRCUMSTANCES: Example of UNACCEPTABLE Conditions

- **Loss or change in amount of overtime in the projected year**
- **Loss of second or part-time job**
- **Reduction in salary**
- **Furlough**
- **10 week waiting period not met for unemployment**
- **Student did not work for 35 hours per week for 30 weeks in base year**
- **Removal of gambling winnings, cancelled debt (such as from a credit card) or a onetime occurrence of TAXED income**
- **Change from one full-time job to another resulting in reduced income**
- **Reduction in savings, assets, and/or investments**

PLEASE RETURN THIS FORM AND ITS ATTACHMENTS TO THE FINANCIAL AID OFFICE

I/ we hereby certify that the information on this form is true and correct to the best of my/our knowledge.

| | | | |
|---------------------------|------------|---|------------|
| Student's signature _____ | Date _____ | Parent's signature (if dependent) _____ | Date _____ |
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FOR OFFICE USE ONLY

* This form must be coded in screen **RRAAREQ** with the corresponding mnemonic:
SPCNA= Special Condition Accepted/Approved - **SPCNN**= Special Condition Denied
SPCR= Special Condition Returned

SPCND= Special Condition
SPCNI= Special Condition Incomplete

Special Condition decision: [] Approved [] Denied

Date: _____