2015-2016 Special Conditions Application - Dependent

This form may be used for the 2015 - 2016 school year if you feel that the FAFSA does not adequately reflect your financial condition. Please attach any documentation of your circumstances (receipts, unemployment verification, etc.) that will assist in reviewing your case.

A: Special Circumstances  please check the appropriate box

☐ A parent incurred a reduction in income in 2015. Please explain the circumstances in Part B and attach proof (i.e. last paystub, termination letter, unemployment benefits information)
  • Date of Change _____________

☐ You have already applied for Federal Student Aid, and since that time, your parents have separated, divorced or a parent has died. (Attach a copy of divorce/separation decree or death certificate.)
  • Circle one: Separation  Divorce  Deceased
  • Date of separation, divorce or death _____________
  • Attach tax forms detailing your and your parents’ income.

☐ Your family incurred a large amount of medical or non-cosmetic dental expenses (out of pocket).
  • Total medical expenses incurred in 2014 __________ (please attach schedule A)
  • Amount paid by insurance __________
  • Amount paid out of pocket __________

☐ Your family incurred expenses paid out for elementary, junior high, or high school tuition for family members other than the student listed above. Please do not include any tuition paid by scholarships.
  • Amount incurred during the current school year__________ (attach statement from school)

☐ Your parent(s) will be attending college at least half-time (6 hours) during at least one semester for the 2015-2016 school year.
  • Number of parent(s) enrolled __________
  • Total cost __________________ (attach statement from school)

☐ Your parents have incurred debt due to a parent or dependent child that is no longer enrolled in college.
  • Monthly Payment __________ (attach documentation from lender)

☐ Other. Please explain in Part B.

B: Additional Information  Please explain circumstances that are causing financial hardship. Provide complete explanation using dates and dollar figures where appropriate.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(continued on back)
C: Estimated 2014 Income

If you are requesting special consideration due to a change in family income for any reason, you must provide complete information regarding estimates of income for January 1, 2015 through December 31, 2015. Please provide the best estimates possible. Additional documentation may be required.

1. Estimated income earned from work January 1, 2015 - December 31, 2015
   Student  Father  Mother
   __________  __________  __________

2. Unemployment benefits for 2015
   __________  __________  __________

   __________  __________  __________

4. List amounts received in 2015 for child support, minister’s allowance (include value of rent free housing), military rations, housing allowance, Foreign Income Exclusion or any other income NOT reported as Taxable income. Also list any payments made to a deferred pension (e.g., 401k).
   __________  __________  __________

D: Certification  to be completed by all students

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof (which may include a US Tax Transcript) of the information that I have given on this form. I realize that if I do not give proof when asked, there will be no recalculation of financial aid eligibility.

Student Signature  Date

Parent Signature  Date