

**2009-2010
PARENT - Special Conditions Appeal**



Student Name _____ ID Number _____

Complete this form (front and back) to request a re-evaluation of your student's financial aid package. Only the following circumstances will be considered. Check the box that fits your situation; return this completed form along with all required documentation. Incomplete appeals will not be considered.

Loss of Employment/Reduction in Income/Loss of Benefits

You or your spouse had a loss of employment, reduction in wage/hours in 2009, or loss of benefits such as Social Security or child support. (Reduction of overtime hours is not eligible.)

Documentation Required:

- 1) Copy of employment termination or reduction of hours notification from employer, and/or a copy of benefits termination document.
 - 2) Signed copy of you and your spouse's 2008 Federal tax return.
 - 3) Give a brief explanation of the situation: _____
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Death of a Parent

Your spouse passed away during 2008 or 2009, causing loss of income or unusual asset/income activity. This includes one-time life insurance benefit receipt, expenses attributable to the death, and loss of income as a result of the death.

Documentation Required:

- 1) Copy of the death certificate.
- 2) Documentation of any insurance payment or social security benefits to be paid.
- 3) Signed copy of you and your spouse's 2008 Federal tax return and all W-2 wage statements.

Divorce/Separation

You and your spouse have separated or divorced since filing the FAFSA. Consideration will be given if the divorce or separation has reduced the income of the household. Expected child and/or spousal support payments must be included on this form (see reverse side). You must also indicate the change in household size.

Documentation Required:

- 1) Copy of legal separation or divorce papers.
- 2) Clear documentation concerning expected child and/or spousal support payment or receipt.
- 3) Signed copy of you and your spouse's 2008 Federal tax return and all W-2 wage statements.
- 4) You must complete *household size* section on back of this form.

Natural Disaster

An official natural disaster has affected the assets or income of the family and is not reflected on the FAFSA.

Documentation Required:

- 1) Documentation from FEMA, insurance company, police report or other official agency.

→ → → **PLEASE COMPLETE REVERSE SIDE OF PAGE** → → →

Taxable Income expected to be earned between *January 1, 2009 and December 31, 2009*

Do not leave any items blank; fill in all blocks with a numeric value, even if that value is zero.

	(Step) Mother	(Step) Father
1. Wages, salaries, tips	\$	\$
2. Interest/dividend income	\$	\$
3. Net income (or loss) from business, rents, royalties, partnerships, estates, trusts, etc. If a loss, enter (\$)	\$	\$
4. Other taxable income such as alimony received, capital gains (or loss) pensions, annuities, etc.	\$	\$
5. Unemployment Benefits	\$	\$
TOTAL Expected Taxable Income:	\$	\$

Non-Taxable Income expected to be received between *January 1, 2009 and December 31, 2009.* Do not leave any items blank; fill in all blanks with a numeric value, even if that value is zero. (Include benefits received by all family members.)

1. Distribution of non-taxable pensions or retirement benefits	\$
2. Child Support (total received for all family members)	\$
3. Non-taxable contributions made to pension plans	\$
4. Other non-taxable income/benefits (please define)	\$
TOTAL Expected Non-taxable Income:	\$

Complete this section for Divorce/Separation circumstances ONLY.

Household size in Academic Year 2009-2010: _____ # in Household _____ # in College

NAME	AGE	RELATIONSHIP	YR. in SCHOOL	NAME of COLLEGE (If attending half-time or more during 2009- 2010)
1.				
2.				
3.				
4.				
5.				
6.				

Notice: *The signatures of the student and at least one parent are required.* By signing this form you are certifying that the above information was determined on the basis of the best information available to you at the time of completion. *Please include student's name and student ID number on all documents submitted.*

Sign, date and return this form with all required documentation to the Financial Aid Office.

Student Signature

Date

Parent Signature

Date

OFFICE USE ONLY

Counselor Initiating Process _____ Special Condition done last year? _____

Action Taken: Approved _____ RNANA Adjusted _____ Professional Judgment Coded? _____