



STUDENT LAST NAME:

STUDENT FIRST NAME:

AU ID #

Special Conditions Form 2021-2022

The U. S. Department of Education allows schools to take into account situations beyond a family's control that may significantly alter the financial picture demonstrated on the FAFSA. Examples of these situations include a parent's involuntary termination of employment or reduction in wages, divorce or separation of parents whose income is reported on the FAFSA, or the death of a parent whose income is reported on the FAFSA. **Situations not considered are those that are voluntary such as a voluntary retirement, consumer debt, regular living expenses, and income reported annually on your federal tax return. Students with a calculated EFC of '0' on their FAFSA, will not be considered for a special condition.**

A. Reason for Request of Special Condition

Check the appropriate box reflecting the change in parental circumstances for which you are requesting a review of your financial assistance. Submit appropriate documentation, as indicated. Additional documentation may be required.

- ☐ **Unemployment:** *Involuntary* unemployment. One or both parents earned money in 2019 and has lost his or her job in 2020 or 2021
Date of Occurrence: _____
- a copy of Unemployment Payment History showing Total Amounts and Release Dates of all benefits paid to date
 - signed statement indicating name of parent(s) that lost employment and name of the employer(s)
- ☐ **Change in Employment:** A parent who earned income in 2019 has experienced an involuntary reduction in wages in 2020 or 2021.
Date of Occurrence: _____
- a signed statement from employer, on letterhead, detailing circumstances surrounding change in employment opportunity
OR
 - proof of change in employers resulting in lower wages
- ☐ **Child Support:** The parent you reported on the FAFSA received child support in 2019 and is no longer receiving this support.
- copies of relevant pages of parental divorce/separation agreement regarding the amount and termination date of child support
- ☐ **Disability:** Check one: Short Term Disability _____ or Permanent Disability _____. A parent who received wages in 2019 became disabled for at least 12 weeks resulting in a significant loss of wages.
Date of Occurrence: _____
- a copy of official documentation from employer, the Social Security Administration, Workers' Compensation Board or private insurance company showing amount and start date of disability benefits
- ☐ **Divorce or Separation:** Divorce or separation of the parents whose information is provided on the 2021-2022 FAFSA.
Date of Occurrence: _____
- a copy of separation/divorce agreement or documentation, lease or utility bill, to verify parents reside in separate residences
- ☐ **Death of a parent:**
- a copy of the death certificate of the deceased parent

B. Additional Documentation

In addition to the documents listed above, **the following must be submitted for ALL requests for a special condition:**

- A signed copy of parental 2020 federal income tax returns including Schedules, if applicable, along with copies of all 2020 W2 and 1099 Forms. Unrequested tax information is shredded
- Complete the enclosed 2020 Parental Untaxed Income Worksheet

C. Certification

I certify the information submitted is true and accurate. I acknowledge my application for a special condition will not be considered unless all required documentation has been submitted. I understand upon review of these documents additional information may be required. I acknowledge that submission of this form and accompanying documents does not guarantee any change to the student's financial aid awards.

STUDENT SIGNATURE:

DATE:

PARENT SIGNATURE:

DATE:

Student's Name _____

Student's ID # _____

2020 PARENTAL UNTAXED INCOME WORKSHEET

Do not leave blanks. If an item does not apply, enter \$0.

\$ _____ Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. **Do not include** amounts reported in code DD (employer contributions toward employee health benefits). **If amount is reported, submit copies of all parental W2 Forms.**

\$ _____ IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040, Schedule 1- total of lines 15 and 19.

\$ _____ Child support received for any of your parents' children. **Do not include** foster care or adoption payments. **If different than amount received in 2019, submit documentation, such as a copy of court order, to document change.**

\$ _____ Tax exempt interest income from IRS Form 1040—line 2a.

\$ _____ Untaxed portions of IRA distributions from IRS Form 1040—lines 4a minus 4b. **Exclude rollovers.** If negative, enter a zero here.

\$ _____ Untaxed portions of pension and annuities from IRS Form 1040—lines 5a minus 5b. **Exclude rollovers.** If negative, enter a zero here.

\$ _____ Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Do not include** the value of on-base military housing or the value of a basic military allowance for housing. **Submit appropriate documentation to verify amount reported.**

\$ _____ Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. **Submit documentation to verify amount reported.**

\$ _____ Other untaxed income not reported above, such as workers' compensation, disability benefits, untaxed foreign income, etc. Include the untaxed portions of health savings accounts from **IRS Form 1040, Schedule 1, line 12**. **Do not include** extended foster care benefits, student aid, earned income credit, additional child tax credit, TANF-welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. , cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. **Submit appropriate documentation to verify amount reported.**

Student Signature/Date _____

Parent Signature/Date _____