



STUDENT LAST NAME:	STUDENT FIRST NAME:	AU ID #
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Independent Student Special Conditions Form 2022-2023

The U. S. Department of Education allows schools to take into account situations beyond your control that may significantly alter the financial picture demonstrated on the FAFSA. Examples of these situations include a student's/spouse's involuntary termination of employment or reduction in wages, divorce or separation from spouse whose income is reported on the FAFSA, or the death of a spouse 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 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. You/your spouse earned money in 2020 and has lost his or her job in 2021 or 2022
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 person(s) that lost employment and name of the employer(s)
- ☐ **Change in Employment:** You/your spouse earned income in 2020 and has experienced an involuntary reduction in wages in 2021 or 2022.
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:** You/your spouse reported on the 2022-2023 FAFSA child support received in 2020 and are no longer receiving this support.
- copies of relevant pages of divorce/separation agreement regarding the amount and termination date of child support
- ☐ **Disability:** Check one: Short Term Disability _____ or Permanent Disability _____. You/your spouse received wages in 2020 and 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 from spouse whose information is provided on the 2022-2023 FAFSA.
Date of Occurrence: _____
- a copy of separation/divorce agreement or documentation, lease or utility bill, to verify separate residences
- ☐ **Death of spouse:**
- a copy of the death certificate of deceased spouse

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 your 2021 federal income tax returns including Schedules, if applicable, along with copies of all 2021 W-2 and 1099 Forms. Unrequested tax information is shredded.
- Complete the enclosed 2021 Independent Student 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:
SPOUSE SIGNATURE:	DATE:

You may submit this document and any additional documentation to the Office of Student Financial Services in person, by fax (516-877-3380), or mail (Adelphi University, Levermore Hall Lower Level – Rm 1, 1 South Avenue, P.O. Box 701, Garden City, NY 11530)

Student's Name _____

Student's ID # _____

2021 INDEPENDENT STUDENT 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 an amount is reported, submit copies of all W-2 Forms.**

\$ _____ IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 **Schedule 1 - total of lines 16 and 20.**

\$ _____ Child support received for any of your children. **Do not include** foster care or adoption payments. **If different than amount received in 2020, submit documentation (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 noneducation 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. Also include the untaxed portions of health savings accounts from **IRS Form 1040 Schedule 1, line 13.** **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.**

\$ _____ Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form or your tax return. This includes money you received from a parent or other person whose financial information is not reported on your 2022-2023 FAFSA and that is not part of a legal child support agreement.

Student Signature/Date _____

Spouse Signature/Date _____

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