Request of Review of Special Conditions, 2018-2019

Dependent Students
(unmarried, undergraduate students under the age of 24 who are not veterans, not wards of the court, not orphans, and do not have dependents)

Use this form to request Student Financial Services (SFS) review significant changes in your parent’s income and resources that occur during the 2017 or 2018 tax year. You must file the 2018-2019 Free Application for Federal Student Aid BEFORE you complete this form. Common income reductions include, change or loss of employment, one time income or benefit, divorce, separation or death of a parent. A recalculation in financial need does not guarantee that additional aid will be awarded. Final decisions will be posted on your UNA portal.

Student ___________________________ L# ____________________ Phone# _____________

Provide a written summary explaining the events indicated below and your current financial circumstance. Examples of special circumstances include, but are not limited to, the following:

- If you presently have no income, how are you meeting the basic necessities of life, i.e., housing, food, clothing, transportation, for your family? Provide an annual value for the benefits being provided to you.
- If your current income has been substantially reduced from the year before, how are you meeting the basic necessities of life, i.e., housing, food, clothing, transportation, for your family?
- Are you living with someone who is providing to you and your family the basic necessities of life? Explain and provide a value for the benefits being provided to you.
- Unusually large medical expenses NOT PAID BY MEDICAL INSURANCE. We will consider the amounts YOU ACTUALLY PAID, not the amount you owe to the doctor(s) and hospital(s).
- If someone in the household received a lump-sum settlement from a retirement account or inheritance and spent the money for the basic necessities of life, please explain. We may or may not make an adjustment to your eligibility for Federal Student Aid on the basis of the money you spent to sustain your lifestyle.
- Since completing the FAFSA your parents have separated, divorces, or one of your parents has died. Submit a copy of the divorce decree, death certificate, or a letter from their attorney indicating their separation status. Parents living in the same household are not considered separated.
- If you have suffered personal financial losses as a result of wind storms, fire, floods or other natural disasters that were not covered by insurance, please explain. Provide a copy of the insurance claim form or accident report.
- If one of your parents suffered an accident on the job that caused a substantial reduction in the household income, please explain and provide a copy of the accident report or employer statement detailing the period of their absence.
COMPLETE ONLY THE SECTIONS THAT APPLY:

1. Parent’s income will be substantially less than income reported on FAFSA due to:

   ___ job termination, lay-off, or change of employment. Attach employer’s statement.
   
   Effective date of job termination, job lay-off, or job change. ________________
   
   If currently employed, provide the start date of current employment and attach a written statement from employer or most recent pay stub: ________________
   
   ___ illness. Attach medical statement(s)
   
   Date of illness ________________
   
   ___ other (explain) ______________________________________________

2. Parents are separated or divorced or widowed since originally filing the FAFSA.
   
   Date this occurred: ________________________________________
   
   Which parent remains in the household: ____Mother _____Father
   
   Attach supporting documentation such as notice of legal separation or divorce decree or death certificate.

3. Loss of one-time benefit or income that was reported in 2016 (examples: inheritance, IRA distribution, Social Security Benefits, Child Support).
   
   What type of benefit was terminated or reduced: __________________________________________
   
   When did the benefit end or change: __________________________________________________
   
   Attach supporting documentation of the benefit received, identifying the source and amount of the benefit that was terminated or reduced.

Please Note
We will not make adjustments or recalculations to Federal Student Aid on the basis of recurring costs such as utilities, credit card expenses, allowances to children, mortgage payments, vehicle payments, tuition for private school, medical costs you owe, and other lifestyle expenses which you choose.

Acceptable Documentation
a recent paycheck stub which includes 2017 or 2018 year-to-date earnings or
a recent statement from employer of 2017 or 2018 year-to-date earnings
a statement from agency (i.e., Social Security) of 2017 or 2018 benefits
a signed copy of 2017 U.S. Income Tax Return or Transcripts and W2s

Student Signature _______________________________ Date ____________________

Parent Signature _______________________________ Date ____________________