

**Special Condition/Income Reduction – Dependent Student  
2021-2022 Award Year**

**Instructions:** If your family’s income is significantly less than the family income on the FAFSA, please complete this packet and return it to the Office of Financial Aid for review of your family’s financial situation. The packet **must** include the following completed in their entirety (*Requests submitted without documentation will not be evaluated*):

**\*\*Make sure student EMPLID is on ALL submitted pages and documents\*\***

- A detailed statement describing the family situation and any other pertinent information. (pg. 2 of packet)
- Documentation supporting and verifying the reason for income review. See list of acceptable documentation (pg. 3 of packet).
- A completed Projected Income Chart. (pg. 5 of packet) Types of income to report are on pg. 4.
- Copy of the IRS issued Tax Return Transcript(s) or signed copy of income tax return(s) from 2019 (w/all schedules) for parent and/or student **unless**:
  - The IRS Data Retrieval Tool was used when filing the FAFSA, **or**
  - Already submitted for Verification purposes. (Instructions on how to obtain the Tax Return Transcript can be found on our website)

**Additional request for information is available on the Student’s ‘To Do List’ in SIS after initial review. Additional Messages will be post to the Student’s Message Center when additional action is required or review is complete.**

Please allow at least 10 business days for processing.

**Student Information:**

\_\_\_\_\_  
*Student’s Name*

\_\_\_\_\_  
*EMPLID #*

**Special Condition/Income Reduction Reason(s):** (*Check all that apply and attach supporting documentation*)

- |  |                                    |
|--|------------------------------------|
| ____ Loss of full-time employment.   | Date reduction is effective: _____ |
| ____ Disability of student or parent(s).   | Date disability began: _____       |
| ____ Divorce or Separation.  | Date of occurrence: _____          |
| ____ Untaxed income has ceased or been reduced.  | Date reduction effective: _____    |
| ____ Death of a principal wage earner (Parents, Step-parents, Adoptive Parents, Spouse, etc.). |                                    |
| ____ Other circumstances causing a large decrease in family resources during the year.         |                                    |

Please provide a detailed description of the family situation below. If you need more space, you can attach additional pages:

I certify that all information submitted on and with this application is complete and accurate. I have attached the appropriate supporting documents as required by the U.S. Department of Education. **Warning:** If you purposely give false or misleading information in this packet, you may be fined, sentenced to jail or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student EMPLID

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Acceptable Forms of Documentation**

*(Please provide as much documentation as possible to support your reason for this submission.)*

**\*\*Reminder: Student EMPLID must be listed on any documentation submitted with this packet\*\***

**Reduction in Income**

- Certification of last day of employment or reduction in hours from the employer.
- W2 and/or 1099 forms. In the case of divorce or separation, attach the forms for the parent with whom you live.
- Last two (2) pay stubs, showing year to date earnings or a statement from the employer indicating the amount earned to date the statement must indicate if you are paid weekly, bi-weekly or monthly.
- Statement of eligible unemployment benefits.
- Certification from a third party the amount of funds they pay on your behalf.
- Any additional documentation that certifies why reconsideration is warranted.
- 2020 Federal Tax return(s) that shows a significant change from 2019 Federal Tax return(s), if you/your parents have filed.

**Divorce or Separation**

- Verification of divorce or separation that indicates parents are living separately.
- Divorce/Separation decree.
- W2 and/or 1099 forms. In the case of divorce or separation, attach the forms for the parent with whom you live.
- Any additional documentation that certifies why reconsideration is warranted.

**Death of principle wage earner**

- Death certificate.
- W2 of principle wage earner.
- Any additional documentation that certifies why reconsideration is warranted.

### Types of Income

**Work Income:** includes all wages, salaries and tips.

**Other taxable income includes:**

- Interest and dividend income
- Alimony, Severance pay
- Business and Farm income, Capital gains
- Taxable portion of Pensions and annuities (excluding rollovers)
- Income for rents after mortgage, tax and insurance payments
- Social Security
- Railroad Retirement
- All other taxable income not reported elsewhere on the form

**Untaxed income includes:**

- Payments to taxed deferred pensions and savings plans (paid directly or withheld from earnings) as reported on your paystub(s) or W-2(s). Include untaxed portions for your 401 (k) and 403(b) plans.
- Social security benefits (SSI or disability) received by the student, spouse, parents and other dependent children.
- Welfare benefits including AFDC and TANF (excluding food stamps)
- Retirement or disability benefits
- Untaxed portion of pensions/annuities
- Worker's Compensation
- Housing, food and other living allowances (excluding subsidies for low-income housing) paid to members of the clergy, military and others (including cash payments or cash value of benefits)
- Child support or maintenance payments that will be received for the student and/or for all other members of the household.
- Veteran non-education benefits such as death pension, Dependency and Indemnity Compensation (DIC), etc.
- Earned Income Credit
- Any other untaxed income and benefits such as Black Lung Benefits, Refugee Assistance, Untaxed portion of Railroad Retirement Benefits, VA Educational Work Study Allowance, or wages not subject to taxation by any government, etc.
- Cash or money paid on your behalf, not reported elsewhere on the form.

Student Name: \_\_\_\_\_

EmpID: \_\_\_\_\_

**EACH SECTION MUST BE COMPLETED – Enter 0.00 if no amount to report for Anticipated Income section.**

Anticipated Income Per Month	July 2021			August 2021			September 2021		
	Student	Mother	Father	Student	Mother	Father	Student	Mother	Father
Work Income									
Unemployment Benefits									
Other Taxable Income									
Untaxed Income									
TANF									
Support from Family/Friends									
<b>Total Projected Income</b>									

Anticipated Income Per Month	October 2021			November 2021			December 2021		
	Student	Mother	Father	Student	Mother	Father	Student	Mother	Father
Work Income									
Unemployment Benefits									
Other Taxable Income									
Untaxed Income									
TANF									
Support from Family/Friends									
<b>Total Projected Income</b>									

Anticipated Income Per Month	January 2022			February 2022			March 2022		
	Student	Mother	Father	Student	Mother	Father	Student	Mother	Father
Work Income									
Unemployment Benefits									
Other Taxable Income									
Untaxed Income									
TANF									
Support from Family/Friends									
<b>Total Projected Income</b>									

Anticipated Income Per Month	April 2022			May 2022			June 2022		
	Student	Mother	Father	Student	Mother	Father	Student	Mother	Father
Work Income									
Unemployment Benefits									
Other Taxable Income									
Untaxed Income									
TANF									
Support from Family/Friends									
<b>Total Projected Income</b>									