

**Special Condition/Income Review – Independent Student  
2022-2023 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 2020 (w/all schedules) for student and/or ***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 review.

**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 spouse(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 (Student, 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 receive a fine, serve jail time or both.

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

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

\_\_\_\_\_  
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 only forms that include your name (solely or jointly).
- 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 supports reason for Income Review.
- 2021 Federal Tax return(s), including all schedules, if there is a significant change from 2020 Federal Tax return(s), if you 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 that include your name (solely or jointly).
- Any additional documentation that supports reason for Income Review.

**Death of principle wage earner**

- Death certificate.
- W2 of principle wage earner.
- Any additional documentation that supports reason for Income Review.

### Types of Income

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

**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 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 (SPOUSE IF APPLICABLE) – Enter 0.00 if no amount to report for Anticipated Income section.**

Anticipated Income Per Month	July 2022		August 2022		September 2022	
	Student	Spouse	Student	Spouse	Student	Spouse
Work Income						
Unemployment Benefits						
Other Taxable Income						
Untaxed Income						
TANF						
Support from Family/Friends						
<b>Total Projected Income</b>						

Anticipated Income Per Month	October 2022		November 2022		December 2022	
	Student	Spouse	Student	Spouse	Student	Spouse
Work Income						
Unemployment Benefits						
Other Taxable Income						
Untaxed Income						
TANF						
Support from Family/Friends						
<b>Total Projected Income</b>						

Anticipated Income Per Month	January 2023		February 2023		March 2023	
	Student	Spouse	Student	Spouse	Student	Spouse
Work Income						
Unemployment Benefits						
Other Taxable Income						
Untaxed Income						
TANF						
Support from Family/Friends						
<b>Total Projected Income</b>						

Anticipated Income Per Month	April 2023		May 2023		June 2023	
	Student	Spouse	Student	Spouse	Student	Spouse
Work Income						
Unemployment Benefits						
Other Taxable Income						
Untaxed Income						
TANF						
Support from Family/Friends						
<b>Total Projected Income</b>						