



## 2007-2008 Special Condition Form (Dependent)

STUDENT'S NAME (PLEASE PRINT): \_\_\_\_\_

STUDENT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

This form is to be completed by individuals who have experienced a change in status due to one of the following reasons:

- Death
- Separation or Divorce
- Loss of job or benefits
- Reduction in income
- Unreimbursed medical and/or dental expenses

The completed form should be returned to the Student Financial Services Office for review. As a result, you *may* be considered for increased and/or additional aid.

**PLEASE NOTE: You are obligated to notify the Student Financial Services Office of anything that will change the estimates you list on this form (employment, change in marital status, etc.). Any such change could result in an adjustment in aid.**

**\*\*\*If you are a PA resident, please contact PHEAA for their special condition form for a change in PHEAA Grant eligibility at 1-800-692-7392 or at [www.pheaa.org](http://www.pheaa.org)**

**PLEASE NOTE: Unfortunately, we do not take high school or grade school tuition into consideration.**

All adjustments are made to the 2007-2008 FAFSA and aid packages and may or may not result in changes in future academic years

REASON FOR FILING

DATE OF OCCURRENCE

- \_\_\_\_\_ Death of a major wage earner \_\_\_\_\_
- \_\_\_\_\_ Separation or Divorce (Attach legal documentation) \_\_\_\_\_
- \_\_\_\_\_ Loss of Employment \_\_\_\_\_
- \_\_\_\_\_ Loss of Benefits (e.g., Social Security) \_\_\_\_\_
- \_\_\_\_\_ Reduction in Income \_\_\_\_\_
- \_\_\_\_\_ Unreimbursed Medical and/or Dental Expenses (Attach detailed documentation)

Since the Student Financial Services Office should already be aware of your parents' 2006 income and asset information as a result of the 2007-2008 FAFSA form, please answer the following questions based on estimated income information as a result of the special condition. *Please leave no lines blank; use a "0" if no value exists.*

**Parents' Expected 2007 Income and Expenses**

- 1. Parents' estimated 2007 adjusted gross income \$ \_\_\_\_\_
- 2. In 2007, how much will your father earn from work \$ \_\_\_\_\_
- 3. In 2007, how much will your mother earn from work \$ \_\_\_\_\_
- 4. 2007 Unemployment Compensation (untaxed portion) \$ \_\_\_\_\_

**Untaxed Income and Benefits**

- A. Social Security Benefits \$ \_\_\_\_\_
- B. Aid to Families with Dependent Children \$ \_\_\_\_\_
- C. Child Support received for all children \$ \_\_\_\_\_
- D. Other untaxed income and benefits from Worksheet on next page \$ \_\_\_\_\_

**UNTAXED INCOME WORKSHEET**

*This worksheet must be completed. Total should be listed in #5D on the previous page. Please leave no lines blank; use a "0" if no value exists.*

USE AMOUNTS FROM 2007 IRS TAX FORMS AND ADJUST AS APPROPRIATE  
FOR WHAT IS EXPECTED IN 2007

Deductible IRA and or Keogh payments from Form 1040- \$ \_\_\_\_\_  
Total of lines 25 + 32 or 1040A –line 17

Tax-exempt interest income from Form 1040 or 1040A-line 8b \$ \_\_\_\_\_

Earned income credit from Form 1040-line 66a; 1040A-line 41a \$ \_\_\_\_\_  
1040EZ-line 8a; or Telefile-line L

Untaxed portions of pensions from Form 1040-lines (16a minus 16b) \$ \_\_\_\_\_  
Or 1040A-lines (12a minus 12b). Exclude Rollovers, if negative,  
enter a zero

Untaxed portions of IRA distributions from 1040-lines \$ \_\_\_\_\_  
(15a minus 15b) or 1040A-lines (11a minus 11b). Exclude Rollovers,  
If negative, enter a zero

Housing, food, and other living allowances paid to members \$ \_\_\_\_\_  
Of the military, clergy and others

Welfare benefits (except AFDC or ADC) \$ \_\_\_\_\_

Veterans noneducation benefits (Death Pension, DIC, etc) \$ \_\_\_\_\_

**READ AND SIGN:**

**CERTIFICATION**--- All the information on this form is true and complete to the best of my knowledge. **If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal, state or local income tax returns. I also realize that if I do not give proof when asked, financial aid may not be awarded.**

\_\_\_\_\_  
Student                      Date

\_\_\_\_\_  
Student's spouse      Date

\_\_\_\_\_  
Father                      Date

\_\_\_\_\_  
Mother                      Date

**Please include and attach a separate letter with any detailed information or documentation to be considered with this request.**

OFFICE USE ONLY (Do not write below this line.)

	Original	New
Institutional change	_____	_____
	_____	_____
	_____	_____
Pell change	_____	_____
Stafford Change	_____	_____
EFC	_____	_____

ACTION TAKEN:

SFS Representative Signature \_\_\_\_\_

Date: \_\_\_\_\_