



## 2008-2009 Special Condition Form (Independent)

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

La Salle University ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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 (attach legal documents or proof of separate addresses)
- Loss of job or benefits
- Reduction in income (Letter providing date and details)
- Unreimbursed medical and/or dental expenses (an itemized list or copies of bills should be attached)

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.

**\*\*\*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 special condition adjustments are made to the 2008-2009 FAFSA and financial aid package, subsequent financial aid packages for future academic years, will be awarded independently of this special condition.

REASON FOR FILING

DATE OF OCCURRENCE

- \_\_\_\_\_ Death of a major wage earner \_\_\_\_\_
- \_\_\_\_\_ Separation or Divorce \_\_\_\_\_
- \_\_\_\_\_ 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' 2007 income and asset information as a result of the 2008-2009 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.*

**Student's (and Spouse's) Expected 2008 Income and Expenses**

- 1. Parents' estimated 2008 adjusted gross income \$ \_\_\_\_\_
- 2. In 2008, how much will your father earn from work \$ \_\_\_\_\_
- 3. In 2008, how much will your mother earn from work \$ \_\_\_\_\_
- 4. 2008 Unemployment Compensation (untaxed portion) \$ \_\_\_\_\_
- 5. 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 2008

Deductible IRA and or Keogh payments from Form 1040- Total of lines 28 + 32 or 1040A –line 17 \$ \_\_\_\_\_

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

Earned income credit from Form 1040-lines 66a + 68; 1040A-lines 41a + 41 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

**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: \_\_\_\_\_