



## 2009-2010 Special Condition Form (Independent) For review after April 1, 2009

Student's Name (PLEASE PRINT): \_\_\_\_\_

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

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

**Email address (required for response):** \_\_\_\_\_

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
- Reduction in income (include letter providing date and details)
- Unreimbursed medical and/or dental expenses (an itemized list or copies of bills should be attached)

***\*Please note: Changes in asset/investment worth is not considered a special condition. Unfortunately, we are unable to consider grade school and high school tuitions as special conditions.***

Completed forms should be submitted to the Student Financial Services Office for review. As a result, you *may* be considered for increased and/or additional aid. All decisions will be responded to via email. All special condition adjustments will be made to the 2009-2010 FAFSA and financial aid package only. Subsequent financial aid packages for future academic years will be awarded independently of this special condition.

**\*\*\*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)**

REASON FOR FILING

DATE OF OCCURRENCE

- \_\_\_\_\_ Death of a major wage earner \_\_\_\_\_
- \_\_\_\_\_ Separation or Divorce \_\_\_\_\_
- \_\_\_\_\_ Loss of Employment \_\_\_\_\_
- \_\_\_\_\_ Reduction in Income (Please attach most recent paystub) \_\_\_\_\_
- \_\_\_\_\_ Unreimbursed Medical and/or Dental Expenses (Attach detailed documentation)

Since the Student Financial Services Office should already be aware of your 2008 income and asset information as a result of the 2009-2010 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 2009 Income and Expenses**

- 1. Students' estimated 2009 adjusted gross income \$ \_\_\_\_\_
- 2. In 2009, how much will you earn from work \$ \_\_\_\_\_
- 3. In 2009, how much will your spouse earn from work \$ \_\_\_\_\_
- 4. 2009 Unemployment Compensation (untaxed portion) \$ \_\_\_\_\_
- 5. Untaxed Income and Benefits
  - A. Child Support received for all children \$ \_\_\_\_\_
  - B. 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 2008 IRS TAX FORMS AND ADJUST AS APPROPRIATE FOR WHAT IS EXPECTED IN 2009

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 \$ \_\_\_\_\_

Untaxed portions of pensions from Form 1040 -  
line 16a minus 16b; 1040A - line 12a minus 12b.  
Exclude rollovers. If negative, enter a zero. \$ \_\_\_\_\_

Untaxed portions of IRA distributions from 1040 – line  
15a minus 15b; or 1040A - line 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. \$ \_\_\_\_\_

Veterans non-education 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: \_\_\_\_\_