This information is for:  ![ ] Student  ![ ] Parent(s) of Dependent Student  ![ ] Spouse

If your change in financial circumstances includes one of the following, please check and submit the required documentation.

Submit all documentation to: Student Financial Services. Your request is considered incomplete if all required documentation is not submitted. The student will be notified if additional documentation may be needed to complete the review.

Check one of the following and submit all documents:

1. ![ ] You, your spouse, or your parent(s) have lost employment because of termination, layoff, disability, retirement, company closing, plant shutdown.

   **Documents required:**
   - Typed letter of explanation and list the timeline of how your financial situation has changed.
   - Copy of most recent paystub, for the current year. This includes all positions held during the year.
   - Copy of Unemployment Benefits Statement for you, your spouse, or your parent(s).
   - Copy of Disability Benefits Statement, if applicable, for you, your spouse, or your parent(s).

2. ![ ] You, your spouse, or your parent(s) have lost some type of untaxed income or benefits since completing the FAFSA. Examples of untaxed income includes: Worker’s compensation, child support and pensions and annuities.

   Name of the person losing benefit: __________________________________________

   Relationship to student: __________________________________________

   Type of benefit: __________________________________________ Date lost: ____________- ____________- ____________

   Monthly amount before change: $ ____________ Current monthly amount: $ ____________

   **Documents required:**
   - Typed letter of explanation
   - Letter of documentation from the benefit office verifying the effective date, the new benefit rate, and the total benefits received year-to-date.

3. ![ ] Since you completed the 2015-2016 FAFSA, a divorce or separation has occurred.

   Date of separation/divorce: ____________- ____________- ____________

   **Documents required:**
   - Typed letter of explanation
   - Copy of divorce/separation court documents or signed personal statement explaining your current marital status.
   - Provide current income documentation such as last paystub, untaxed income, etc.
2015–2016 Special Conditions Request (continued)

4. A spouse or parent is now deceased, but his/her information was reported on the FAFSA.
   
   **Documents required:**
   - Typed letter of explanation
   - Copy of death certificate or copy of obituary

5. Other. Your special circumstances that are not reflected in Examples 1-4. Please attach a detailed statement regarding your circumstances, and provide supporting documentation.

2015 Projected Year Income Chart

Please project, to the best of your ability, you and your family’s 2015 income and benefits received or to be received (January 1, 2015—December 21, 2015):

<table>
<thead>
<tr>
<th>2015 PROJECTED YEAR INCOME CHART</th>
<th>FATHER</th>
<th>MOTHER</th>
<th>STUDENT</th>
<th>SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income earned from work</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>Other taxable income</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>AFDC/ADC</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>Child support/alimony RECEIVED</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>Other untaxed income &amp; benefits</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
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<tr>
<td>Serverance payments</td>
<td>____________</td>
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<tr>
<td>Cash support</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
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<tr>
<td>Workers compensation</td>
<td>____________</td>
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<td>____________</td>
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<tr>
<td>Social security benefits</td>
<td>____________</td>
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<td>____________</td>
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<tr>
<td>Interest/dividend income</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
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<tr>
<td>Child support to be PAID</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
<tr>
<td>other</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
<td>____________</td>
</tr>
</tbody>
</table>

Signatures

I (We) certify that the information listed on this form is true and complete to the best of my (our) knowledge.

**student's signature**

**date**

**parent's signature**

**date**

For Office use only:

Counselor’s Decision: ☐ Approved ☐ Denied

Comment: __________________________________________

__________________________________________________

Counselor's signature

Date

3/6/15