

2015- 2016 SPECIAL CONDITIONS REQUEST FORM

STUDENT NAME: _____

ID#: _____

Department of Education uses the 2014 financial information you provided on your 2015-2016 Free Application For Federal Student Aid (FAFSA) to determine your eligibility for Financial Aid. Please complete this form if you and/or your parents' financial circumstances have drastically changed since 2014, and you would like to request that the Office of Financial Aid re-evaluate your eligibility. Please note that the following circumstances are **NOT** considered viable reasons for a special conditions request: Unusual expenses related to personal living (e.g. credit card bills, mortgage/loan payments, wedding), reduction in overtime pay, bankruptcy, retirement, business, stock market or one-year bonus income losses (e.g. lottery/gambling winnings).

PLEASE READ THE FOLLOWING INSTRUCTIONS:

1. Go to www.losmedanos.edu/financialaid and click on "Applications & Forms" on the left sidebar menu. Print and complete a 2015-2016 V1 Verification Form. Attach a copy of your 2014 Federal Income Tax Transcript (if filed). You are also required to attach a copy of your spouse or parents' tax transcript (if applicable).
2. Complete sections A through D thoroughly and attach supporting documentation.
3. Submit this form along with all required documents to the Office of Financial Aid as soon as possible.

SECTION A: REASON FOR SPECIAL CONDITION REQUEST (Check all that apply.)

- LOSS OF EMPLOYMENT** - This person **must be out of work for a considerable amount of time in 2015**. Documentation must be provided verifying that the person's employment status has changed AND the date the person became unemployed. You must also submit:
- A copy of your "Notice of Final Determination" from the unemployment office and "Notice of Termination" from your employer.
 - Copies of the last pay stub received from all employers for the 2015 year.
- LOSS OF UNTAXED INCOME OR BENEFIT** – An immediate member of your family has lost some type of untaxed income or benefit (Social Security, child support, etc.). Official documentation stating the date the untaxed income or benefit was terminated is required.
- DIVORCE OR SEPARATION** - Since filing the FAFSA, you/your parent has become divorced or separated. You must list the date the separation or divorce occurred AND provide two (2) official documents to confirm the address of the estranged spouse. The documents must list a street address. P.O. Boxes are not acceptable. Official documents may include a copy of a lease, utility bill, credit card bill, driver's license, etc.
- DEATH OF PARENT OR SPOUSE** - Since filing the FAFSA, your spouse/your parent has died. Please submit a copy of the Death Certificate.
- OTHER EXTENUATING CIRCUMSTANCES** – The circumstances must have been beyond your/your parent's control (i.e. medical condition). Please attach supporting documentation.

SECTION B: EXPLANATION OF INCOME REDUCTION (This section must be completed)

Please provide an attached written or typed statement to explain your situation. **Include all relevant information and documents.** Be complete in your written explanation as it determines the processing of your reduction in income.

LIST THE DATE THE CHANGE IN CIRCUMSTANCE OCCURRED: ____/____/____

SECTION C: ESTIMATED INCOME INFORMATION

Please select one of the following methods that you would like to use in calculating your estimated income information. **DO NOT LEAVE THIS SECTION BLANK. LIST THE YEARLY AMOUNT YOU EXPECT TO RECEIVE. IF NO INCOME IS EXPECTED TO BE RECEIVED FROM THE SPECIFIC SOURCE LISTED, YOU MUST WRITE "\$0.**

Method 1: Estimated Income for Calendar Year (January 01-December 31, 2015).

Please provide **your estimated income** for the **ENTIRE YEAR OF 2015**; do not put hourly wage rates. Include all income received from January 1, 2015 until now and estimate the amounts to be received from now until December 31, 2015. If any information or documents are missing or incomplete your reduction in income request will not be processed.

Method 2: Estimated Income for Academic Year of 2015-2016

Please provide your and/or your parents' **estimated income** for the **Academic Year of 2015-2016 (7/1/15-6/30/16)**. Include all income received from July 1, 2015 until now and estimate the amounts to be received from now until June 30, 2016. If any information or documents are missing or incomplete your reduction in income request will not be processed.

	STUDENT (AND SPOUSE)	PARENT	TOTAL
1 Parent's wages, salaries, tips (includes severance pay, disability payments, and any			
2. Student's (and spouse) wages, salaries, tips (includes severance pay, disability			
3. Other taxable income (including unemployment benefits)			
4. Social Security Benefits			
5. Alimony and/or child support			
6. Other untaxed income			
Total Projected Income			

SECTION D: STATEMENT OF CERTIFICATION AND AUTHORIZATION

If any of the figures used on this form changes, I/we accept the responsibility for contacting the Office of Financial Aid in writing with the corrected information.

Student Signature

Date

Parent Signature

Date

OFFICE USE ONLY

CPS Verification Required Yes No
 OLD EFC _____
 2014 AGI \$ _____
 2014 Tax Paid \$ _____
 2014 Untaxed Income \$ _____
 Date Reviewed ____/____/____

FA Counselor _____
 New EFC _____
 2015 AGI \$ _____
 2015 Tax Paid \$ _____
 2015 Untaxed Income \$ _____
 Approved Yes No

FA Access date _____
 Processed date _____
 FAA Tentative EFC _____
 Pell Award Date _____
 Pell Award Amount _____
 Letter Sent Yes No