

**2009-10
Special Condition Request – Independent**

Student Name: _____ Student ID #: _____

◆ Check the situation that applies to **You (or your spouse)**:

LOSS OF EMPLOYMENT

___ You (or your spouse) worked full-time (at least 35 hours a week) for at least 35 weeks in 2008 but you aren't working full-time now.

LOSS OF NON-TAXABLE INCOME OR BENEFITS

___ You (or your spouse) received unemployment compensation or some income or benefit in 2008 and have completely lost that income or benefit for 2009.

SEPARATION OR DIVORCE

___ You have separated or gotten divorced **after** you've applied for financial aid.

DEATH

___ Your SPOUSE died **after** you've applied for financial aid.

OTHER

___ Please explain in full and attach documentation.

Use the space below (attach additional sheet if necessary) to explain the circumstances that have led you to complete this Special Condition Request. You must **give FULL DETAILS** and be prepared to **provide documentation**.

You must be **SPECIFIC** and give full names, addresses, dates of employment, marriage and separation dates, etc., as applicable. **Failure to do so will delay processing of this request.**

ESTIMATE:

What you (and your spouse) expect your income to be in 2009: (ESTIMATE)

1. 2009 income as will be reported on IRS 1040, 1040A or EZ? \$ _____
2. 2009 Federal income tax to be paid?
(Be realistic and try not to over-estimate) \$ _____
3. In 2009 how much will you earn from work? \$ _____
4. In 2009 how much will your spouse earn from work? \$ _____
5. Unemployment benefits \$ _____
6. 2009 untaxed income and benefits:
 - a) Social Security benefits \$ _____
 - b) Welfare benefits, include TANF. Don't include food stamps. \$ _____
 - c) Child Support \$ _____
 - d) Workers Compensation \$ _____
6. Other income and benefits that you (and/or your spouse) will receive from January 2009 through December 2009 \$ _____
Specify Source: _____

Read & Sign:

Certification: I certify that all of 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, or State income tax return. I also realize that if I do not give proof when asked, I may not receive financial aid.

Student Signature: _____ Date: _____

Spouse Signature (required when applicable): _____

Phone # _____

Warning: If you purposely give false or misleading information on this form, you are subject by the federal government to a \$10,000 fine, a prison sentence or both.

