



2010-2011 Special Condition Request
Dependent

Student Name: _____ Student ID #: _____

◆ Check the situation that applies to **Your Parents**:

LOSS OF EMPLOYMENT
 ___ **A parent** who earned money in 2009 and has lost his/her job for at least 10 weeks.

LOSS OF NON-TAXABLE INCOME OR BENEFITS
 ___ **A parent** received unemployment compensation or some income or benefit in 2009 and have completely lost that income or benefit for 2010.

SEPARATION OR DIVORCE
 ___ **Your parents** have separated or gotten divorced **after** you've applied for financial aid.

DEATH
 ___ Your **parent** 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 **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.**

PARENT (S) ESTIMATE:

What you (and your spouse) expect your income to be in 2010: (ESTIMATE)

1. 2010 income as will be reported on IRS 1040, 1040A or EZ? \$ _____
2. 2010 Federal income tax to be paid? \$ _____
(Be realistic and try not to over-estimate)
3. In 2010 how much will you earn from work? \$ _____
4. In 2010 how much will your spouse earn from work? \$ _____
5. 2010 untaxed income and benefits:
 - a) Social Security benefits \$ _____
 - b) Welfare benefits, include TANF. Don't include food stamps. \$ _____
 - c) Child Support \$ _____
 - d) Workers Compensation or Unemployment benefits \$ _____
6. Other untaxed income and benefits that you (and/or your spouse) will receive from January 2010 through December 2010. \$ _____
Specify Source: _____

Read & Sign:

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 and Parent signatures are required.

Student Signature: _____ Date: _____

Parent Signature; _____ Date: _____

Parent Name (printed): _____

Parent daytime 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.