SPECIAL CONDITION REQUEST
2014-2015

Student Name: ____________________________________ NEIU ID#: __________________

You have requested to have your financial aid eligibility re-evaluated due to changes in your household financial situation. Please indicate the condition under which you are applying and submit the requested documentation associated with your choice. All requested documents MUST be submitted with this Special Condition Form. You will receive a written response from the Financial Aid Office once the documents have been reviewed. INCOMPLETE REQUESTS WILL NOT BE CONSIDERED. All requests require IRS Data Retrieval OR copies of your/spouse/parent(s) 2013 tax transcripts, W-2 forms and appropriate schedules. DEADLINE TERMINATION DATE(s): October 15, 2014.

A. ___ You, your spouse or your parent(s) were employed full-time in 2013 but are now unemployed or the income status has changed. There is a 10-week period after your income status has changed before special conditions will be considered.
   1. Provide a letter of termination from your prior employer or proof of unemployment benefits, giving the last date of employment or date of change in work hours.
   2. Provide a proof of your earnings to date for 2014 (i.e. last check stub, letter from employer).
   3. Complete the 2014 Projected Income Worksheet on the reverse side of this form.

B. ___ You, your spouse, or your parent(s) received untaxed income in 2013 that is no longer being received. Untaxed income may include such things as social security benefits, welfare or ADC/AFDC.
   1. Benefit(s) lost: ____________________.
   2. Provide documentation indicating monthly amount of benefits and the date the benefits were terminated or exhausted.

C. ___ You applied for financial aid, and since that time you and your spouse, or a parent has become separated or divorced. There should be a 10-week period after separation before special conditions are considered.
   1. Date of separation or divorce (please circle one) ____________________.
   2. A written explanation of maintenance or support payments to be received or paid by the supporting spouse/parent in 2014. This statement should include the division of all assets including cash and savings.
   3. Proof of separate addresses, petition for separation/divorce or divorce decree.

D. ___ You applied for financial aid and since that time your spouse or your parent(s) (if dependent), has died.
   1. Name of spouse or parent (please circle one) ____________________________.
   2. Provide a copy of death certificate.
   3. Complete the 2014 Projected Income Worksheet on the reverse side of this form.

E. ___ You or your parent(s), (if dependent), had paid medical expenses, not itemized or covered by insurance, in excess of 20% of your/their 2013 Adjusted Gross Income.
   1. If Schedule A was not used, please provide copies of the canceled checks used to pay medical expenses in 2013.

F. ___ You or your parent(s) (if dependent), had a rollover reflected on the 2014 Federal Tax Return. Provide a copy of your original 2013 IRS Federal Return.

G. ___ Other. Provide a typewritten explanation of extenuating household financial changes not reflected above.
PROJECTED 2014 INCOME WORKSHEET

IS THIS A:  Mother’s Request?  ___________  Student’s Request?  ___________
Father’s Request?  ___________  Spouse’s Request?  ___________

You have stated that you worked in 2013 but that you are now either unemployed or income status has changed. In order for the Financial Aid Office to evaluate the impact of this change, please complete the following items listed below.

1.  My current employment status is:  _____ unemployed  _____ working part-time

2.  How many hours per week?  ________________

3.  How much do you earn per hour?  $______________

Estimated gross income from employment for 2014  $______________

Spouse’s expected 2014 gross income:  $______________

Total 2014 expected unemployment benefits:  $______________

Child support received for all children:  $______________

Welfare benefits or General Assistance:  $______________

Social Security benefits:  $______________

Veteran’s benefits - specify type below:  $______________

Pensions or retirement benefits:  $______________

Workman’s compensation:  $______________

Cash support from relatives/friends:  $______________

Other - specify type:  $______________

TOTAL ESTIMATED 2014 INCOME:  $______________

(MUST BE GREATER THAN ZERO)

I declare that the above information is true, complete, and accurate to the best of my knowledge.

________________________   _____/_____/2014   __________________________   _____/_____/2014
Student’s Signature      Date  Parent(’s)/Spouse’s Signature       Date

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FOR OFFICE USE ONLY (Update in Banner using RHACOMM)

Special Condition has been:  _____ approved (WRKSHT ATTACHED)   ____ denied   _____ submitted after 10/15/14

Reviewed by:  ________________________________  Date:  __________________