

SPECIAL CONDITION REQUEST 2016-2017

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) 2015 IRS tax transcripts, W-2 forms, 1099-K forms, appropriate schedules and verification worksheet. THIS REQUEST IS FOR TERMINATION/CHANGE DATE(S) PRIOR TO October 15, 2016.**

- A. ___ You, your spouse or your parent(s) were employed full-time in 2015 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 2016** (e.g. last check stub, letter from employer).
 3. Complete the 2016 Projected Income Worksheet on the reverse side of this form.
- B. ___ You, your spouse, or your parent(s) received untaxed income in 2015 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 suspended 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 2016. 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 2016 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 2015 Adjusted Gross Income.
1. If Schedule A was not used, please provide copies of the canceled checks used to pay medical expenses in 2015.
- F. ___ You or your parent(s) (if dependent), had a rollover reflected on the 2015 IRS Tax Transcript. Provide a copy of your original 2015 IRS Federal Return.
- G. ___ Other. Provide a typewritten explanation of extenuating household financial changes not reflected above.

PROJECTED 2016 INCOME WORKSHEET

IS THIS A: **Mother's Request?** _____ **Student's Request?** _____
Father's Request? _____ **Spouse's Request?** _____

You have stated that you worked in 2015 but that you are now either unemployed or income status has changed by at least \$9,000. 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**

2. How many hours per week? _____

3. How much do you earn per hour? \$ _____

Estimated gross income from employment for 2016 \$ _____

Spouse's expected 2016 gross income: \$ _____

Total 2016 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 2016 INCOME: \$ _____

(MUST BE GREATER THAN ZERO)

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

_____/_____/2016 _____/_____/2016
 Student's Signature Date Parent'(s)/Spouse's Signature Date