SPECIAL CONDITION CONSIDERATION FORM
DEPENDENT STUDENT
2015-2016

Many times a parent’s financial circumstances change after filing the Free Application for Federal Student Aid (FAFSA). If your parent’s income changed based on one or more of the following conditions, you are eligible to request a review of your Federal Financial Aid eligibility.

DOCUMENTATION TO SUPPORT YOUR APPEAL MUST BE ATTACHED TO THIS FORM WHEN SUBMITTED TO THE STUDENT FINANCIAL SERVICES OFFICE.

STUDENT NAME:_____________________________________ STUDENT ID #:___________

PARENT(S) NAME(S):  _____________________________________________

Beginning date of the change in your income ____________

Please check the appropriate section and include requested information or documentation. Please attach a detailed explanation of your appeal.

☐ 1. Unemployment or change in employment status:
   A parent earned money in 2014 but lost his/her job for at least 10 weeks in 2015. Attach an unemployment benefits determination letter, a copy of your parent’s last paystub (including severance pay), and a letter from the employer confirming their last day of employment.

☐ 2. Retirement:
   Attach a copy of the retirement (IRA distribution, pension benefits, or annuities) or social security benefits verification (Form SSA-1099-Social Security Benefit Statement) that shows the total amount to be received and the date benefits will start. Include documentation of other income received.

☐ 3. Reduction in wages:
   Attach a statement from your parent’s employer including date reduction will go into effect along with their last paystub at the previous rate, and their first paystub with the new rate.

☐ 4. Disability of parent:
   Attach a copy of the statement of disability or social security benefits including date benefits will start and when your parent expects to go back to work.

☐ 5. Divorce/Separation of parent:
   Submit a copy of divorce/separation court documents signed by a judge or attorney designating alimony and/or child support amounts. Provide the 2014 Federal Tax Forms and the W-2's for both parties involved, as well as the name of the parent with whom you will reside. Attach a copy of divorce decree or verification of filing for divorce. Also provide proof of separate addresses, for example, utility bills. There is a 10-week period after separation or divorce before special conditions are considered.

   Date of Separation: ____________ Name of parent with whom you will reside ________________

☐ 6. Death of parent:
   Submit a copy of the 2014 W-2's (surviving parent) along with a signed and completed copy of 2014 Federal Income Tax Return and a copy of the death certificate or obituary notice. Document any income from social security benefits or other compensation.
7. Loss of non-taxable income: (i.e. social security benefits or child support)
Attach a letter from either your state's child support agency or the Social Security Administration indicating the amount received each month and the date which the income ceased.

<table>
<thead>
<tr>
<th>Anticipated 12 months income for 2015</th>
<th>Father</th>
<th>Mother</th>
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</thead>
<tbody>
<tr>
<td>Wages, salaries, tips (including severance pay, disability)</td>
<td></td>
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<tr>
<td>Unemployment benefits</td>
<td></td>
<td></td>
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<tr>
<td>Untaxed Social Security Benefits</td>
<td></td>
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<tr>
<td>Other untaxed income</td>
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8. Medical/Dental benefits not itemized or covered by insurance:
Submit a copy of the Schedule A from 2015 Federal Tax Return.

9. Elementary or secondary school tuition:
Attach a letter or bill from the school your other children attend indicating how much tuition you pay.

Please note that the following conditions will NOT be considered:

1. Parent/step-parent unwilling to provide information on the FAFSA and/or to assist in paying for college.
2. Expenses related to consumer debt, such as credit card debt, car/insurance payments, mortgages, income or real estate taxes.
3. Families with prior Special Conditions whom under estimated their income.
4. Reductions in pay due to voluntary overtime.
5. Bankruptcy proceedings.
6. Gambling/lottery winnings, bonuses, inheritances, settlements, etc, that are not expected to reoccur.

We will be able to review your request once we have received all the required documentation:

1. A completed 2015-2016 Special Condition Consideration Form.
2. Detailed explanation of your appeal.
5. A completed 2015-2016 Federal Dependent Verification Form, available online at www.iona.edu/sfs.

Submission of this appeal does not guarantee a change in financial aid eligibility.

I certify the information on this appeal and in any supporting documents is true. I understand submitting false information will result in ineligibility for any type of financial aid.

Student Signature________________________________________________ Date_______________
Parent Signature________________________________________________ Date_______________

FOR OFFICE USE ONLY

Comments: __________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

APPROVED_____ DENIED_____ DATE_________ SIGNATURE____________________________