Special Conditions Application Form 2021-2022

Student Name: ___________________________________________________________ Student ID#: ______________________________

• Submitting an appeal does not guarantee changes to your financial aid package; you are responsible for all charges incurred.
• Students with a 0 Expected Family Contribution (EFC) or a graduate student may not gain additional financial aid eligibility.
• If your situation is already reflected on the FAFSA (ex: divorce/separation), we cannot consider your request.
• Incomplete appeal requests will not be considered and returned, be sure to provide all required documentation.

Circumstances that cannot be considered include but are not limited to:

• Parents/stepparents refusing to help pay for college
• Home equity, IRA, 403B, and 401K loans
• High consumer debt and other discretionary spending
• Expenses that have not yet occurred
• Reduction in overtime pay
• Families with prior Special Conditions whom under estimated their income
• One-time bonus income(s) (ex. lottery or gambling winnings)
• Bankruptcy or income reductions from proceedings
• Unusual personal expenses (ex, wedding expenses, loan payments, legal expenses, home repairs, etc.)
• Inheritances, settlements, distributions from pension, life insurance, capital gains, etc.

Required documents before any appeal will be considered:


☐ 2021-2022 Verification Worksheet
  • Please select the appropriate form based on your dependency status for the FAFSA.
  • The document may be found online at: https://www.iona.edu/offices/student-financial-services/forms-documents

☐ 2019 Signed copies of the Federal Tax Return or A Tax Return Transcript from the IRS
  • For both parent(s) and student if dependent; student and spouse if independent and if applicable

☐ 2020 Signed copy of the Federal Tax Return or A Tax Return Transcript from the IRS
  • For both parent(s) and student if dependent; student and spouse if independent and if applicable

☐ 2019 W-2 Form(s)
  • For both parent(s) and student if dependent; student and spouse if independent and if applicable

☐ 2020 W-2 Form(s)
  • For both parent(s) and student if dependent; student and spouse if independent and if applicable
Indicate your appeal reason below & provide proof as described:

☐ Unemployment or change in employment
  • Official statement of unemployment (from State Dept. of Labor, showing beginning and end dates of benefits)
  • Last paystub from employer(s) and current paystubs for both parents, or student and spouse
  • Letter from previous employer verifying job status/change, including severance benefits
  • Attach a copy of the statement of disability or social security benefits including date benefits will start
  • For reduction in wages, indicate date the change occurred: ___________

☐ Unusually high medical and/or dental expenses not itemized on Federal Tax Return or covered by insurance
  • Attach a copy of Schedule A (Form 1040) – Itemized Deductions, along with medical, dental, and pharmacy bills that were paid out of pocket in calendar year 2020
  • Provide documentation of the amount you pay per month, excluding employer contributions for medical/dental insurance.

☐ Divorce or separation of parent(s), or student and spouse since completion of 2021-2022 FAFSA
  • Date of separation or divorce: _______________
  • Attach separation papers or agreement, divorce decree/statement, a letter from a participating attorney or mediator stating marital status.
    Please also document separate residences (i.e. utility bills, lease or mortgage statement)

☐ Death of parent or student’s spouse since completion of 2021-2022 FAFSA
  • Attach documentation of death (e.g., copy of death certificate, obituary, and/or funeral program.) Document any income from social security benefits, pension or other compensation.

☐ Private elementary or high school tuition
  • Provide copies of official tuition invoices on school letterhead where the sibling(s) of the dependent student is attending. Only tuition for 2021-2022 academic year may be considered.

☐ 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.

☐ Loss of benefits/other untaxed income
  • Unemployment Benefits (attach a copy of notification of loss of unemployment benefits indicating benefit ending date and monthly amount received before loss).
  • Child Support (attach a copy of the Court or Child Service Agency documents stating benefit ending date and monthly amount received before loss)
  • Other Untaxed Income (attach documentation verifying the change in untaxed income before loss)
Explain the reason for submitting this appeal. (Attach additional pages if necessary)
Please use the chart below to estimate your income for 2021.

Do not leave any spaces blank; If it does not apply or the answer is $0 please indicate this.

<table>
<thead>
<tr>
<th>Estimated Income From January 2021 - December 2021</th>
<th>Father</th>
<th>Mother</th>
<th>Student</th>
<th>Spouse (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, Salaries, Tips</td>
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<td></td>
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<tr>
<td>Interest and/or Dividend Income</td>
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<tr>
<td>Business/Farm Income</td>
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<tr>
<td>Unemployment Compensation</td>
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<td>Workers Compensation</td>
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<td>Pension and/or Annuities</td>
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<tr>
<td>Severance Pay</td>
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<tr>
<td>Retirement Benefits</td>
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<tr>
<td>Disability Benefits</td>
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<tr>
<td>Social Security Benefits (taxable)</td>
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<tr>
<td>Child Support Received</td>
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<tr>
<td>Alimony/Spousal Support</td>
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<tr>
<td>Other income</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>

SIGNATURES

By signing this document, we certify that all information reported in support of the student's application for financial assistance is complete and accurate. The documented information provided may be used to make changes to the 2021-2022 FAFSA.

STUDENT

Printed Name___________________________________________ Signature ________________________________________ Date ___________

PARENT

Printed Name___________________________________________ Signature ________________________________________ Date ___________

SPOUSE (if applicable)

Printed Name___________________________________________ Signature ________________________________________ Date ___________