



Special Conditions Form 2023-2024

The office of Student Financial Services at Iona University realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year, including being impacted by the COVID-19 pandemic. This form is designed to address your possible need for consideration of these unusual circumstances or expenses. All steps below are required for your account to be reviewed. This review is for federal financial aid eligibility and additional documentation may be requested. For more information about this process including circumstances that cannot be considered please visit www.iona.edu.

Student Name: _____ **Student ID#:** _____

You must complete all of the following steps before this application will be reviewed:

STEP 1 Submit Your FAFSA

Complete your FAFSA application for the 2023-2024 aid year at www.studentaid.gov.

STEP 2 Letter of Explanation

Attach a letter explaining the change in your family's circumstances (one page maximum).

STEP 3 Special Conditions Form

Complete all pages of the Special Condition application. Do not leave any items blank.

If a value does not apply to you, enter a zero. If a section is left blank, this form will be considered incomplete.

STEP 4 Required Documents

Attach a copy of all required documents as listed below based on your family's special condition.

All special conditions reviews will require the following documentation in addition to what is listed for your circumstance:

- Signed copies of parent 2021 & 2022 Federal tax return 1040's with all schedules and W2's for 2021 & 2022
- Signed copies of student 2021 & 2022 Federal tax return 1040's with all schedules and W2's for 2021 & 2022
- 2023-2024 Dependent Verification Worksheet (available at www.iona.edu/onlineforms.)

Check all conditions that apply.

✓	Special Condition	Required Documentation
<input type="checkbox"/>	Loss of Income or Employment	<ul style="list-style-type: none"> • 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. • 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: ___/___/___
<input type="checkbox"/>	Loss of Benefits or other untaxed income sources	<ul style="list-style-type: none"> • 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).
<input type="checkbox"/>	Medical Expense not covered under medical insurance	<ul style="list-style-type: none"> • Copies of uninsured medical expenses and proof of payment that occurred during the academic year.
<input type="checkbox"/>	Separation or divorce after submitting the 2023-2024 FAFSA	<ul style="list-style-type: none"> • 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). • Proof of child support received and/or paid.
<input type="checkbox"/>	Death of a parent after submitting the 2023-2024 FAFSA	<ul style="list-style-type: none"> • 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.
<input type="checkbox"/>	Private elementary or high school tuition	<ul style="list-style-type: none"> • Provide copies of official tuition invoices on school letterhead where the sibling(s) of the dependent student is attending. Only tuition for 2023-2024 academic year may be considered.
<input type="checkbox"/>	Retirement	<ul style="list-style-type: none"> • 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.

Please use the chart below to estimate your income for 2023.

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

Estimated Income From January 2023 - December 2023	Father	Mother	Student	Spouse (if applicable)
Wages, Salaries, Tips				
Interest and/or Dividend Income				
Business/Farm Income				
Unemployment Compensation				
Workers Compensation				
Pension and/or Annuities				
Severance Pay				
Retirement Benefits				
Disability Benefits				
Social Security Benefits (taxable)				
Child Support Received				
Alimony/Spousal Support				
Other income				
TOTAL	\$	\$	\$	\$

Certification Statement:

All the information provided on this application is true and complete to the best of my knowledge, and I agree to give proof of this information if requested to do so. I understand that verification of my projections may be required at the end of the current year. I grant the Student Financial Services Office permission to update the FAFSA through the Federal Student Aid online correction tool to match the values found on this and other verification documents you have or will receive. **If I underestimate my projected income or if I overestimate my projected expenses, I understand that I or my student may be required to repay previously awarded financial aid.**

I understand that submission of a special conditions form does not guarantee a change to the student's financial aid offer. I understand that the decision made by the Student Financial Services Office financial aid counselor is final and cannot be appealed to the U.S. Department of Education. All Special Conditions applications are subject to review and verification of the original Free Application for Federal Student Aid (FAFSA). This form will be incomplete if either the parent or student signature is missing. Please ensure all financial fields are legible. Personal information, like a Social Security Number, may be blacked out for security.

Student Signature _____ Date _____

Parent Signature _____ Date _____