



Office of Financial Aid

2017-2018 SPECIAL CONDITION REQUEST FOR REVIEW

Student's Name _____ Student's ID # _____

The Financial Aid Office recognizes that a family can experience a change in financial circumstances which make it necessary to re-evaluate an aid application. Before consideration will be given, the student must have submitted a 2017-2018 Free Application for Federal Student Aid (FAFSA) and the results must be on file. Also, if selected, the federal verification process must be finalized.

SEE BACK OF THE FORM FOR A LIST OF REQUIRED DOCUMENTS

Please CHECK BELOW the special circumstance which will affect your family & answer all questions below the item. Students and parents are required to provide the documentation as noted on the back of this form and SIGN BELOW.

___ Unemployment of a parent, student, or student's spouse due to termination, disability, retirement or layoff.

Name of unemployed person: _____ Relationship to student: _____
Date of unemployment: ___/___/___ Weekly amount of Unemployment Benefits: \$ _____
What is the total amount of severance or vacation pay, if any, to be received in 2017? \$ _____
Has the person returned to work? ___ Yes ___ No If yes, indicated date: ___/___/___
If yes, indicate monthly gross income from new job: \$ _____

___ Divorce or Separation of student or student's parents.

Date of Divorce or Separation: ___/___/___ Name of parent student lives with? _____
Indicate weekly amount of support received by this parent:
Child Support (for all children): \$ _____ Alimony: \$ _____ Household Support: \$ _____

___ Death of a parent or spouse.

Name of deceased person: _____ Date of Death: ___/___/___
Date Social Security Benefits began: ___/___/___ Monthly amount for all family members: \$ _____

___ Loss of Untaxed Income or Benefits, such as, social security, child support, pension, etc.

Person who lost benefits: _____ Type of benefits lost: _____
Date of benefits lost: ___/___/___ Total received in 2016: \$ _____ Total received in 2017: \$ _____

___ Unreimbursed Paid Medical Expenses in 2016.

Name of person(s) incurring the expenses: _____
Nature of illness: _____

___ Student Loss of FULL-TIME Work (Student worked at least 35 hours a week for at least 30 weeks in 2016, but is no longer working full-time).

Applicant is currently working ___ part-time or ___ unemployed.
Reason for change in employment status: _____
If working part-time, what are the expected wages for 2017? \$ _____
If unemployed, please answer all questions in Unemployed section above.

___ Other. Please attach a detailed letter of explanation. See back of form for list of circumstances which will NOT be considered.

Student Signature _____ Date: _____

Parent/Spouse Signature _____ Date: _____



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Required Document for Special Condition Requests

In addition to the required document to support the request, it is recommended that the student and/or parent write a letter describing the extenuating circumstances which have affected their ability to pay for college.

A SIGNED copy of the student's and parent's, if dependent, 2016 Federal Income Tax Return, including all pages, schedules & W-2 forms, MUST be submitted with all requests.

Unemployment

- Copy of "Notice to Claimant of Benefit Determination" from unemployment office.
- Notice of termination from employer with indication of last date of employment.
- Last pay stub(s) from former employer.
- Verification of retirement or medical disability.

Divorce or separation

- Divorce decree or legal separation document.
- If legal papers are not available, submit verification of differing addresses. This may be a driver's license, utility bills, signed lease, employer verification, care insurance bill, etc.

Death of parent/spouse

- Death certification obituary notice or bill from funeral home.

Loss of Untaxed Income or Benefits

- Statement from agency which terminated benefits.

Unreimbursed Paid Medical Expenses

- Copy of Schedule A from 2016 Federal Income Tax Return.
- If **no** Schedule A was filed, cancelled checks and/or receipts showing amount paid AND statements from insurance company indicated unreimbursed expenses.

Other

- Any relevant documentation to support the request.

Please note that the following condition will NOT be considered:

- Parent and/or step-parent unwilling to provide information on a financial aid application and/or assist in paying for college.
- Unusual expenses related to consumer debt, such as, credit card debit, care or insurance payments, mortgages, income or real estate taxes.
- Families with prior Special Conditions who underestimate their income.
- Reductions in pay due to voluntary overtime.
- Bankruptcy proceedings.

Return this request with documentation to:

Phone: (845) 848-7821

Fax: (845) 359-4317

Office of Financial Aid

Dominican College

470 Western Highway

Orangeburg, NY 10962