



SPECIAL CONDITION REQUEST FOR REVIEW
2019 - 2020

Student's Name \_\_\_\_\_ Student's ID Number \_\_\_\_\_

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 determined, the student must have submitted a 2019 - 2020 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 BELOW 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 under the List of Required Documents 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 2018 or 2019? \$ \_\_\_\_\_
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 2018: \$ \_\_\_\_\_ Total received in 2018/2019: \$ \_\_\_\_\_

Unreimbursed Paid Medical Expenses in 2018.

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 2017, 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 2019? \$ \_\_\_\_\_
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: \_\_\_\_\_



## **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, 2018 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 2018 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**

**Dominican College  
Office of Financial Aid  
470 Western Highway  
Orangeburg, NY 10962**