SPECIAL CONDITION REQUEST
2015-2016

Student Name: ___________________________  NEIU ID#: ________________

You have requested to have your financial aid eligibility re-evaluated due to changes in your household financial situation. Please indicate the condition under which you are applying and submit the requested documentation associated with your choice. All requested documents MUST be submitted with this Special Condition Form. You will receive a written response from the Financial Aid Office once the documents have been reviewed. INCOMPLETE REQUESTS WILL NOT BE CONSIDERED. All requests require IRS Data Retrieval OR copies of your/spouse/parent(s) 2014 tax transcripts, W-2 forms and appropriate schedules. DEADLINE TERMINATION DATE(s): October 15, 2015.

A. ___ You, your spouse or your parent(s) were employed full-time in 2014 but are now unemployed or the income status has changed. There is a 10-week period after your income status has changed before special conditions will be considered.
   1. Provide a letter of termination from your prior employer or proof of unemployment benefits, giving the last date of employment or date of change in work hours.
   2. Provide a proof of your earnings to date for 2015 (e.g. last check stub, letter from employer).
   3. Complete the 2015 Projected Income Worksheet on the reverse side of this form.

B. ___ You, your spouse, or your parent(s) received untaxed income in 2014 that is no longer being received. Untaxed income may include such things as social security benefits, welfare or ADC/AFDC.
   1. Benefit(s) lost: ____________________.
   2. Provide documentation indicating monthly amount of benefits and the date the benefits were terminated or exhausted.

C. ___ You applied for financial aid, and since that time you and your spouse, or a parent has become separated or divorced. There should be a 10-week period after separation before special conditions are considered.
   1. Date of separation or divorce (please circle one) ________________.
   2. A written explanation of maintenance or support payments to be received or paid by the supporting spouse/parent in 2015. This statement should include the division of all assets including cash and savings.
   3. Proof of separate addresses, petition for separation/divorce or divorce decree.

D. ___ You applied for financial aid and since that time your spouse or your parent(s) (if dependent), has died.
   1. Name of spouse or parent (please circle one) ____________________________.
   2. Provide a copy of death certificate.
   3. Complete the 2015 Projected Income Worksheet on the reverse side of this form.

E. ___ You or your parent(s), (if dependent), had paid medical expenses, not itemized or covered by insurance, in excess of 20% of your/their 2014 Adjusted Gross Income.
   1. If Schedule A was not used, please provide copies of the canceled checks used to pay medical expenses in 2014.

F. ___ You or your parent(s) (if dependent), had a rollover reflected on the 2014 Federal Tax Return. Provide a copy of your original 2014 IRS Federal Return.

G. ___ Other. Provide a typewritten explanation of extenuating household financial changes not reflected above.
PROJECTED 2015 INCOME WORKSHEET

IS THIS A:  
Mother’s Request?  ___________  
Father’s Request?  ___________  
Student’s Request?  ___________  
Spouse’s Request?  ___________

You have stated that you worked in 2014 but that you are now either unemployed or income status has changed. In order for the Financial Aid Office to evaluate the impact of this change, please complete the following items listed below.

1. **My current employment status is:**  ______ unemployed  ______ working part-time

2. How many hours per week?  _______________

3. How much do you earn per hour?  $_____________

   Estimated gross income from employment for 2015  $_____________

   Spouse’s expected 2015 gross income:  $_____________

   Total 2015 expected unemployment benefits:  $_____________

   Child support received for all children:  $_____________

   Welfare benefits or General Assistance:  $_____________

   Social Security benefits:  $_____________

   Veteran’s benefits - specify type below:  $_____________

   Pensions or retirement benefits:  $_____________

   Workman’s compensation:  $_____________

   Cash support from relatives/friends:  $_____________

   Other - specify type:  $_____________

   TOTAL ESTIMATED 2015 INCOME:  $_____________

(MUST BE GREATER THAN ZERO)

I declare that the above information is true, complete, and accurate to the best of my knowledge.

________________________________________   _____/_____/2015   ___________________________________________   _____/_____/2015
Student’s Signature                     Date                        Parent(’)s/Spouse’s Signature                  Date

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FOR OFFICE USE ONLY (Update in Banner using RHACOMM)

Special Condition has been:  _____ approved (WRKSHRT ATTACHED)  _____ denied  _____ submitted after 10/15/15

Reviewed by:  _____________________________ Date:  ___________________