



2022-2023 Special Condition Request

Student's First Name		6-digit NEIU Student ID#	
Student's Last Name		Phone Number	

You reported on your FAFSA that a member of your household is a dislocated worker (e.g. unemployed, reduced in work hours) or that there is a change to 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 Request. **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) 2020 IRS tax transcripts, W-2 forms, 1099-K forms, appropriate schedules and verification worksheet. THIS REQUEST IS FOR TERMINATION/CHANGE DATE(s) PRIOR TO October 15, 2022.**

Item	Item Description
<input type="checkbox"/>	<p>You, your spouse or your parent(s) were employed full-time in 2020 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.</p> <ol style="list-style-type: none"> 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 2020 (e.g. last check stub, letter from employer). 3. Complete the Projected Income Worksheet on the reverse side of this form.
<input type="checkbox"/>	<p>You, your spouse, or your parent(s) received untaxed income in 2020 that is no longer being received. Untaxed income may include such things as social security benefits, welfare or ADC/AFDC.</p> <ol style="list-style-type: none"> 1. Benefit(s) lost: _____. 2. Provide documentation indicating monthly amount of benefits and the date the benefits were suspended or exhausted.
<input type="checkbox"/>	<p>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.</p> <ol style="list-style-type: none"> 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 2020. 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.
<input type="checkbox"/>	<p>You applied for financial aid and since that time your spouse or your parent'(s) (if dependent), has died.</p> <ol style="list-style-type: none"> 1. Name of spouse or parent (please circle one) _____. (Provide a copy of death certificate.) 2. Complete the Projected Income Worksheet on the reverse side of this form.
<input type="checkbox"/>	<p>You or your parent(s), (if dependent), had paid medical expenses, not itemized or covered by insurance, in excess of 20% of your/their 2020 Adjusted Gross Income.</p> <ol style="list-style-type: none"> 1. If Schedule A was not used, please provide copies of the canceled checks used to pay medical expenses in 2020.
<input type="checkbox"/>	<p>You or your parent(s) (if dependent), had a rollover reflected on the 2020 IRS Tax Transcript. Provide a copy of your original 2020 IRS Federal Return.</p>
<input type="checkbox"/>	<p>Other. Provide a typewritten explanation of extenuating household financial changes not reflected above</p>



Northeastern Illinois University Financial Aid, Scholarships and Student Employment

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Financial-aid@neiu.edu • neiu.edu/financial-aid • Check your financial aid status at neiuport.neiu.edu

PROJECTED 2021 or 2022 INCOME WORKSHEET

IS THIS A: Mother's Request? Student's Request?
Father's Request? Spouse's Request?

You have stated that you worked in 2020 but that you are now either unemployed or income status has changed by at least \$10,840. 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
2. How many hours per week?
3. How much do you earn per hour?
Estimated gross income from employment
Spouse's expected gross income:
Total 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 2021 or 2022 INCOME: \$ (MUST BE GREATER THAN ZERO)



REQUIRED SIGNATURE: I certify that all information reported is complete and correct. I understand that changes in my FAFSA financial information based on the documentation provided may result in a change in financial aid eligibility.

Student's Signature Date Parent's/Spouse's Signature Date