



## 2020-2021 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) 2018 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, 2020.

Item	Item Description
<input type="checkbox"/>	<p>You, your spouse or your parent(s) were employed full-time in 2018 but are now unemployed or the income status has changed. There is a <b>10-week period</b> after your income status has changed before special conditions will be considered.</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Provide a <b>proof of your earnings to date for 2018</b> (e.g. last check stub, letter from employer).</li> <li>3. Complete the Projected Income Worksheet on the reverse side of this form.</li> </ol>
<input type="checkbox"/>	<p>You, your spouse, or your parent(s) received untaxed income in 2018 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"> <li>1. Benefit(s) lost: _____.</li> <li>2. Provide documentation indicating monthly amount of benefits and the date the benefits were suspended or exhausted.</li> </ol>
<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 <b>10-week period</b> after separation before special conditions are considered.</p> <ol style="list-style-type: none"> <li>1. Date of separation or divorce (please circle one) _____.</li> <li>2. A written explanation of maintenance or support payments to be received or paid by the supporting spouse/parent in 2018. This statement should include the division of all assets including cash and savings.</li> <li>3. Proof of separate addresses, petition for separation/divorce or divorce decree.</li> </ol>
<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"> <li>1. Name of spouse or parent (please circle one) _____. (Provide a copy of death certificate.)</li> <li>2. Complete the Projected Income Worksheet on the reverse side of this form.</li> </ol>
<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 2018 Adjusted Gross Income.</p> <ol style="list-style-type: none"> <li>1. If Schedule A was not used, please provide copies of the canceled checks used to pay medical expenses in 2018.</li> </ol>
<input type="checkbox"/>	<p>You or your parent(s) (if dependent), had a rollover reflected on the 2018 IRS Tax Transcript. Provide a copy of your original 2018 IRS Federal Return.</p>
<input type="checkbox"/>	<p>Other. Provide a typewritten explanation of extenuating household financial changes not reflected above</p>



**PROJECTED 2019 \_\_\_\_\_ or 2020 \_\_\_\_\_ INCOME WORKSHEET**

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

You have stated that you worked in 2018 but that you are now either unemployed or income status has changed by at least \$10,640. 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 2019 \_\_\_\_\_ or 2020 \_\_\_\_\_ 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