



# Northeastern Illinois University Student Financial Wellness

5500 North Saint Louis Avenue • D Building Room 200 • Chicago, IL 60625-4699 • 773-442-5016 • Fax: 773-442-5040  
[Financial-aid@neiu.edu](mailto:Financial-aid@neiu.edu) • [neiu.edu/financial-aid](http://neiu.edu/financial-aid) • Check your financial aid status at [neiuport.neiu.edu](http://neiuport.neiu.edu)

## 2018-2019 Special Condition Request

Student's First Name	<input type="text"/>	6-digit NEIU Student ID#	<input type="text"/>
Student's Last Name	<input type="text"/>	Phone Number	<input type="text"/>

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) 2016 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, 2018.

Item	Item Description
<input type="checkbox"/>	<p>You, your spouse or your parent(s) were employed full-time in 2016 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>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>Provide a <b>proof of your earnings to date for 2016</b> (e.g. last check stub, letter from employer).</li> <li>Complete the 2017 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 2016 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>Benefit(s) lost: _____.</li> <li>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>Date of separation or divorce (please circle one) _____.</li> <li>A written explanation of maintenance or support payments to be received or paid by the supporting spouse/parent in 2016. This statement should include the division of all assets including cash and savings.</li> <li>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>Name of spouse or parent (please circle one) _____.</li> <li>Provide a copy of death certificate.</li> <li>Complete the 2017 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 2016 Adjusted Gross Income.</p> <ol style="list-style-type: none"> <li>If Schedule A was not used, please provide copies of the canceled checks used to pay medical expenses in 2016.</li> </ol>
<input type="checkbox"/>	<p>You or your parent(s) (if dependent), had a rollover reflected on the 2016 IRS Tax Transcript. Provide a copy of your original 2016 IRS Federal Return.</p>
<input type="checkbox"/>	<p>Other. Provide a typewritten explanation of extenuating household financial changes not reflected above.</p>



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## PROJECTED 2017 INCOME WORKSHEET

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

You have stated that you worked in 2016 but that you are now either unemployed or income status has changed by at least \$10,220. 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 for 2017      \$ \_\_\_\_\_
- Spouse's expected 2017 gross income:                      \$ \_\_\_\_\_
- Total 2017 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 2017 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