



Student Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State ZIP

**A copy of yours and/or your parents' 2011 IRS Tax  
Return Transcript\*\* must accompany this form.**

*\*\* To obtain an IRS tax return transcript, go to [www.irs.gov](http://www.irs.gov) and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946.*

**SECTION A: REASON FOR SPECIAL CONDITION REQUEST (Check all that apply.)**

For and Independent Student **OR** the Parent of a Dependent student

- Loss of Employment** – This person must be out of work for at least 10 consecutive weeks in 2012. Documentation must be provided verifying that the person’s employment status has changed AND the date the person became unemployed. **You must also submit:**
  1. A copy of your “Notice of Final Determination” from the unemployment office.
  2. Copies of the last pay stub received from all employers.
  3. Documentation of Severance Pay, if applicable
- Loss of Untaxed Income or Benefit** – An immediate member of your family has lost some type of untaxed income or benefit (child support, etc.). Official documentation stating the date the untaxed income or benefit was terminated is required.
- Divorce or Separation** - Since filing the FAFSA, you/your parent has become divorced or separated. You must provide the following:
  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 2012
- Death of Parent or Spouse** – Since filing the FAFSA, your spouse/parent has died. Please submit a copy of the Death Certificate.
- One-time income** – Examples: inheritance, moving expense allowance, back-year Social Security payments, IRA or pension distribution, overtime.

**SECTION B: EXPLANATION OF INCOME REDUCTION (This section must be completed.)**

Please explain your situation. **Include all relevant information and documents.** Be complete in your written explanation as it determines the processing of your reduction in income. If you need additional space, continue on a separate sheet of paper. Please print or type your remarks.

**List the date the change in circumstance occurred:** \_\_\_/\_\_\_/\_\_\_\_\_

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**SECTION C: ESTIMATED INCOME INFORMATION FOR 2012**

The following sections require you to provide your expected 2012 income. Provide figures for the entire year; do not put hourly wage rates. Instead, compute what you will earn for the entire 2012 year. Include all income received from January 1, 2012 until now and estimate the amounts you expect to receive from now until December 31, 2012. After completing the appropriate income section, sign this form, attach all supporting documentation, and submit the information to our office. If any information or documents are missing or incomplete, your reduction in income request will not be processed.

*Do not leave this section blank. List the monthly amount you expect to receive in 2012. If no income is expected to be received from the specific source listed, you must write "\$0."*

Type of Income	Parent/Stepparent Projected 2012 Income	Student/Spouse Projected 2012 Income
<b>Taxable Income</b>		
Father's/Student's income from work	\$ _____	\$ _____
Mother's/Spouse's income from work	\$ _____	\$ _____
Taxable interest income	\$ _____	\$ _____
Taxable pensions/annuities	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Severance Pay (Please provide documentation)	\$ _____	\$ _____
Alimony/Spousal Support	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**Untaxed Income**

Welfare Benefits or AFDC	\$ _____	\$ _____
Untaxed pensions/annuities – exclude rollovers	\$ _____	\$ _____
Worker's Compensation/Employer Disability	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
IRA/KEOGH contributions	\$ _____	\$ _____
Untaxed interest income	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**Household Information**

Number in household \_\_\_\_\_

Number in college (at least 1/2 time, excluding parents) \_\_\_\_\_

**SECTION D: STATEMENT OF CERTIFICATION AND AUTHORIZATION**

In addition to the applicant, all others whose data is included on this form must sign the appropriate line. Failure to provide the appropriate signatures will prevent processing of the form.

If any of the figures used on this form change, I/we accept the responsibility for contacting the Office of Financial Aid in writing with the corrected information.

\_\_\_\_\_  
Student's Signature Date Parent Signature – if student is dependent Date

**Office Use Only**

Original EFC \_\_\_\_\_ New EFC \_\_\_\_\_

Selected for Verification & Verified Adjusted AGI \_\_\_\_\_ Other Adjustments: \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Adjusted Tax Paid \_\_\_\_\_

2012 Untaxed Inc \_\_\_\_\_

Counselor \_\_\_\_\_ Approved  Yes  No