



**2015-2016
Independent
Special Condition
Form**

Student Financial Assistance Office
University of Southern Indiana
8600 University Boulevard
Evansville, IN 47712
Phone: 812-464-1767 or 800-467-1965
FAX: 812-461-5305



Use this form to report recent changes in your financial situation which may impair your ability to contribute toward the cost of your education in 2015-2016 (Fall 2015 through Summer 2016).

Complete, sign, and return this form (in black or blue ink).

A. STUDENT INFORMATION

Last Name

First Name

M.I.

USI Student ID number (SSN if ID is unknown)

B. IMPORTANT INFORMATION (READ CAREFULLY)

- You must complete the 2015-2016 Free Application for Federal Student Aid (FAFSA).
- By submitting this form you are selecting yourself for verification and verification must be completed before this form will be processed. Please submit the following for verification (additional documentation may be requested):
 - 2015-2016 Verification Worksheet
 - **Student and Spouse (if applicable) must submit the 2014 IRS Tax Return Transcript(s)**
- Please read this form carefully, complete all sections and submit all requested documentation as soon as possible. **Incomplete forms will not be processed.**
- Do not submit this form prior to May 1, 2015 or after April 30, 2016.
- For fall only enrollment, all documentation must be complete and submitted no later than December 10, 2015.
- For academic year, spring only or summer enrollment **all documentation** must be complete and submitted no later than April 30, 2016.
- Submission of this form does not guarantee approval nor guarantee increased financial aid eligibility.
- The Special Condition Process is optional and may take several weeks to process.

C. SPECIAL CONDITION (CHECK THE APPROPRIATE BOX)

<u>Please Check One</u>	<u>Reason for Appeal</u>	<u>Required Documentation</u>
<input type="checkbox"/>	<p>Reduction or Loss of Employment / Reduction or Loss of Taxed or Untaxed Income or Benefit</p> <p>*Do not complete/submit this form until 10 weeks from the date of the change in circumstances.</p> <p>*Changes may not be considered if income loss is not significant.</p>	<ul style="list-style-type: none"> ✓ Provide a detailed description of the basis of your special condition (include names of employers, dates, whether or not unemployment is/has been received, etc.) ✓ Copies of ALL student and spouse last/most recent pay stub(s) ✓ Proof of all other 2015 year-to-date income ✓ Severance statement (if applicable) ✓ Documentation of unemployment benefits (if applicable) ✓ Documentation of short-term/long-term disability (if applicable) ✓ If Special Condition is due to a reduction in wages or employment status we will need a letter of explanation from employer. <p>NOTE: We have the right to request additional documentation as necessary to process this request.</p>
<input type="checkbox"/>	<p>Legal Separation or Divorce after Filing FAFSA</p>	<ul style="list-style-type: none"> ✓ Copy of divorce decree/attorney's certification of separation ✓ Copies of <u>ALL</u> W-2s, 1099s and applicable schedules for student and spouse.

C. SPECIAL CONDITION CONTINUED (CHECK THE APPROPRIATE BOX)

<input type="checkbox"/>	<p>Death of Spouse after Filing FAFSA</p>	<ul style="list-style-type: none"> ✓ Copy of death certificate ✓ Copies of <u>ALL</u> W-2s, 1099s and applicable schedules for student and spouse.
<input type="checkbox"/>	<p>2014 Significant Medical Expenses</p> <p>*This category includes nursing home expenses.</p> <p>*Must be paid out-of-pocket in 2014 and not reimbursed by insurance.</p>	<ul style="list-style-type: none"> ✓ Copy of Schedule A and B from your 2014 Federal Tax Return <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ✓ Proof of out-of-pocket medical expenses you paid in 2014, such as cancelled checks.
<input type="checkbox"/>	<p>Other Reason</p> <p>Reason: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> ✓ Provide a detailed description of the basis of your special condition and documentation supporting your request. <p><u>NOTE: A Special Condition will NOT be processed for any of the following:</u></p> <ul style="list-style-type: none"> ✗ Bankruptcy ✗ Loss of overtime or bonus pay ✗ Loss of income gained through gambling or lottery winnings ✗ Private school tuition ✗ Non-essential expenses (vacation, tithing, high mortgage payments, second vehicles, etc.) ✗ Standard living expenses (utilities, cable bills, credit card payments, cell phone, etc.) ✗ Standard maintenance items (lawn care, home repair, gas, etc.)

D. EXPLANATION OF SPECIAL CIRCUMSTANCES

In the space below, provide a detailed description of the basis of your special condition (include names of employers, dates, whether or not unemployment is/has been received, etc.). Please provide any additional information that would help our office understand your family's circumstances. You may attach a separate letter.

Student Name: _____ USI ID #: _____

E. PROJECTED INCOME AND RESOURCES (COMPLETE THE TABLE BELOW)

Complete this section to project income from January 1, 2015 to December 31, 2016. **Do NOT Leave this section blank.**

Estimated 2015 Taxable Income	
<u>Type of Income and Resource</u>	<u>Total for 2015</u>
Student's Gross Income from employment (wages, business and/or farm income)	\$
Spouse's Gross Income from employment (wages, business and/or farm income)	\$
Interest / Dividend Income	\$
Other Taxable Income (Ex. unemployment compensation, social security benefits, severance payments, rental income, alimony, IRA/401K withdrawals, etc.) Please specify: _____ _____	\$
Estimated 2015 Untaxed Income	
<u>Type of Income and Resource</u>	<u>Total for 2015</u>
Child Support received for all children	\$
IRA deductions and payments to self-employed SEP, SIMPLE and Keogh	\$
Payments to tax-deferred pension such as 401(K) or 403(B) plans and savings plans (paid directly or withheld from earnings)	\$
Untaxed portions of pension distributions or withdrawals (excluding rollovers)	\$
Living allowances paid to military, clergy and others. Include cash payments and cash value of benefits. Don't include the value of on-base military housing or the value of basic military allowance for housing.	\$
Veteran non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowance	\$
Other Untaxed Income not reported elsewhere on this form (Ex. worker's compensation, disability, etc.) Please specify: _____ _____	\$

F. CERTIFICATION

By signing this form, we certify all the information is true and complete to the best of our knowledge. We agree to document the information reported on this form. We also realize that if unable to provide documentation when asked, the student for whom this form was filed may not receive aid.

WARNING: If you receive federal or state financial aid based on incorrect information, you will have to pay it back. If you purposely give false or misleading information on any financial form, you may be fined \$10,000, receive a prison sentence, or both.

Student Signature: _____ Date: _____

G. NOTICES

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.