



**2018-19 Special Condition Form**

Student Name: \_\_\_\_\_ BU ID#: \_\_\_\_\_

**2018-19 reviews will begin after March 1, 2018.**

*A special condition is an unexpected and substantial change in you or your family's 2017 or 2018 financial situation. Conditions that do not apply include re-occurring expenses (i.e. personal debt and ongoing medical expenses), one time income situations (i.e. the sale of a house or severance payments), and expected expenses (i.e. the retirement of a wage earner, more than one dependent child enrolled in postsecondary school, vacations).*

Special Condition (Check All That Apply)	Reasons for Consideration	Required Documentation
<input type="checkbox"/> Loss of Employment  Must be a minimum of 20% reduction compared to 2016 and must be for a minimum of 4 weeks.	-Loss of job -Significant reduction in work hours -Injury/Illness that prevents or limits employment	-Written statement explaining your special condition. -Last pay stub from all employers in 2017 or 2018 showing year-to-date earnings. -Termination notice or letter or resignation. -Benefit statement from Unemployment Administration detailing monthly benefit or denial.
<input type="checkbox"/> Loss of Untaxed Income	Loss of: -Social Security -Child Support -Unemployment Benefits -Worker's Compensation -Other Untaxed Income	-Written statement explaining your special condition. -Documentation of termination of benefits and date of change.
<input type="checkbox"/> Separation/Divorce occurring <b>AFTER</b> FAFSA was filed 2018-19.	Parent (dependent students) or spouse (independent students) no longer residing in household due to separation or divorce.	-Written statement explaining your special condition. -2017 Federal Tax Transcripts for parents (dependent students) and student/spouse (independent students). -2017 W2s -Copy of legal separation, divorce decree or proof of separate residence.
<input type="checkbox"/> Death of a Parent or Spouse	Parent (dependent student) or spouse (independent student) passes away <b>AFTER</b> FAFSA was filed.	-Written statement explaining your special condition. -2017 Federal Tax Transcripts for parents (dependent students) and student/spouse (independent students). -2017 W2s -Copy of death certificate.

(Complete Sections on Back)

Complete the income section below with ANNUAL projections. *Do not leave any items blank.* If something does not pertain to you, enter "zero" or "n/a". If your parent/step-parent is separated or divorced, provide information only for that parent with whom you reside. If a parent/step-parent has died and if the surviving parent has not remarried; provide information for only the surviving parent. If you are an independent student, parent data is not required.

Projected ANNUAL Income January 1, 2018-December 31, 2018	Parent 1 <hr/> <i>(Provide Name)</i>	Parent 2 <hr/> <i>(Provide Name)</i>	Student	Student's Spouse
Wages, salaries, tips				
Severance Pay				
Unemployment Compensation				
Alimony				
Taxable Social Security Benefits				
Taxable Pension				
Other Taxable Income: <hr/> (type)				
Child Support				
Untaxed Pensions/Retirement Benefits				
Worker's Compensation				
Untaxed Disability Benefits				
Other Untaxed Income: <hr/> (type)				

Number of family members in 2018-19: \_\_\_\_\_ *If different from the 18-19 FAFSA, please provide explanation.*

Number of college students in 2018-19: \_\_\_\_\_ *If different from the 18-19 FAFSA, please provide explanation.*

**CERTIFICATION**

*All of the information on this form is true and complete to the best of my knowledge. If requested, I will provide additional documentation to support the information reported on this form. I understand that all special conditions are reviewed on an individual basis and there is no guarantee for a change/increase in my federal financial aid eligibility. I acknowledge that a special condition review can only occur one time for my specific situation.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if applicable)*

Parent 1's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(dependent student)*

Parent 2's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please review this form for omissions and errors prior to returning it to Bloomsburg University's Financial Aid Office. Incomplete forms will be returned and will delay the special condition review process.**

**Return Form and Requested Documents to:**

Bloomsburg University  
Office of Financial Aid  
119 Warren Student Services Center  
400 East Second Street  
Bloomsburg, PA 18815

-OR- 570-389-4795 (fax)