



2021-22 Special Condition Form

Student Name: _____ BU ID#: _____

2021-22 reviews will begin after March 1, 2021. *DEADLINE is February 15, 2022*

A special condition is an unexpected and substantial change in you or your family's 2019 or 2020 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, severance payments, **401K withdrawals**), and expected expenses (i.e. the retirement of a wage earner, more than one dependent child enrolled in postsecondary school, vacations). One form per student. **ALL ITEMS MUST BE ATTACHED, AS STATED BELOW, FOR REVIEW TO BE CONSIDERED.**

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 2019 and must be for a minimum of 4 weeks. <i>Check here if COVID-19 related</i>	-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 2020 or 2021 showing year-to-date earnings. -Termination notice or letter or resignation. -Financial Determination Letter/Benefit statement from Unemployment Administration detailing monthly benefit or denial.
<input type="checkbox"/> Loss of Untaxed Income <i>Check here if COVID-19 related</i>	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 AFTER FAFSA was filed 2021-22.	Parent (dependent students) or spouse (independent students) no longer residing in household due to separation or divorce.	-Written statement explaining your special condition. -2020 Federal Tax Return for parents (dependent students) and student/spouse (independent students). -2020 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 AFTER FAFSA was filed.	-Written statement explaining your special condition. -2020 Federal Tax Return for parents (dependent students) and student/spouse (independent students). -2020 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, 2021-December 31, 2021 DO NOT LEAVE ITEMS BLANK	Parent 1 <hr style="width: 50%; margin: auto;"/> <i>(Provide Name)</i>	Parent 2 <hr style="width: 50%; margin: auto;"/> <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 style="width: 50%; margin-left: 0;"/> (type)				
Child Support				
Untaxed Pensions/Retirement Benefits				
Worker’s Compensation				
Untaxed Disability Benefits				
Other Untaxed Income: <hr style="width: 50%; margin-left: 0;"/> (type)				

Number of family members in 2021-22: _____ *If different from the 21-22 FAFSA, please provide explanation.*

Number of college students in 2021-22: _____ *If different from the 21-22 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. I authorize changes to the FAFSA as deemed appropriate under the professional judgment of the Financial Aid Office.

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.

Upload Form and Requested Documents securely in your MyHusky account.

Instructions can be found here: http://departments.bloomu.edu/finaid/Forms/Submit_Financial_Aid_Documents_Student.pdf

You may also mail to: Bloomsburg University
Office of Financial Aid
400 East Second Street
Bloomsburg, PA 17815