



## Special Condition

This form will assist you with completing the process for a Special Condition Review. The US Department of Education allows the Delaware State University's Office of Financial Aid the use of professional judgment on the basis of adequate documentation, and on a case-by-case basis, to address circumstances not reflected in a student's original Free Application for Federal Student Aid (FAFSA). Detailed information in reference to Special Conditions can be found in the [1998 Amendments to the Higher Education Act of 1965](#) and in the updates to the amendments titled GEN 09-04 and GEN 09-05. **Please complete this form in its entirety, sign and date this form, and submit with this form all of the necessary documentation (clearly outlined in Steps 5 and 6). Failure to complete this form in its entirety, missing signature or date, and any missing documentation will result in an immediate rejection of this application.**

You will be notified, in writing, of the results of our review within four weeks of the submission of your special condition form. If there is an approval of additional aid, you will receive an updated award letter. Please note that special circumstances are reviewed on a case-by-case basis and an appeal submission does not guarantee approval and may not ultimately result in actual change of aid already awarded.

If you have any additional questions or concerns; please contact the Delaware State University's Office of Financial Office by calling 302-857-6250, or by coming into our offices. We are located at 1200 North DuPont Highway, Dover, DE 19901, on the first floor of the Administrative Building.

## Student Information

|   |            |                                |                |               |
|---|------------|--------------------------------|----------------|---------------|
| Last Name                                 | First Name | SS#                            | D<br>ID#       | Date of Birth |
| Permanent Mailing Address (include Apt #) |            | City                           | State          | Zip           |
| Home Phone (include area code)            |            | Cell Phone (include area code) | E-mail Address |               |

## Family Information

| FULL NAME | AGE | RELATIONSHIP | COLLEGE (IF ENROLLED 2010-2011)  |
|-----------|-----|--------------|----------------------------------|
|           |     | <i>Self</i>  | <i>Delaware State University</i> |
|           |     |              |                                  |
|           |     |              |                                  |
|           |     |              |                                  |
|           |     |              |                                  |

### OFFICIAL USE ONLY

|   |                              |          |
|---|------------------------------|----------|
| Prior Year Special Condition?                             | Yes <input type="checkbox"/> | Comments |
|   | No <input type="checkbox"/>  |          |
| Special Condition Approved                                | <input type="checkbox"/>     |          |
| Special Condition Denied                                  | <input type="checkbox"/>     |          |
| Special Condition Undecided (need additional information) | <input type="checkbox"/>     |          |
| Old EFC _____   | New EFC _____                |          |
| Counselor _____   | Date _____ / _____ / _____   |          |

## Step 1 - STUDENT TAX FORMS & INCOME INFORMATION - 2010

Are you or will you be required to file a 2010 Federal Income Tax Return?

YES Attach a signed copy of your Federal Income Tax Return for 2010 and your W2s continue to STEP 2.

NO Complete the table below and attach copies of all 2010 W2 forms and continue to STEP 2.

| SOURCE OF 2010 UNTAXED INCOME | AMOUNT |
|-------------------------------|--------|
|                               |        |
|                               |        |
|                               |        |

## Step 2 - PARENT/SPOUSE TAX FORMS AND INCOME INFORMATION - 2010

Are you or will you be required to file a 2010 Federal Income Tax Return?

YES Attach a signed copy of your Federal Income Tax Return for 2010 and your W2s, and continue to STEP 3.

NO Complete the table below and attach copies of all 2010 W2 forms and continue to STEP 3.

| SOURCE OF 2010 UNTAXED INCOME | AMOUNT |
|-------------------------------|--------|
|                               |        |
|                               |        |
|                               |        |

## Step 3 - ADDITIONAL FINANCIAL INFORMATION - 2010

All information reported is for the entire year of 2010. **DO NOT LEAVE ANY QUESTIONS BLANK.** Enter "N/A" if the question does not apply to you.

| Student | TYPE OF UNTAXED INCOME   | Parent(s) |
|---------|--|-----------|
| \$      | Child support paid because of divorce or separation.   | \$        |
| \$      | Taxable earnings from Federal Work Study   | \$        |
| \$      | Student grant, scholarship and fellowships reported to the IRS in your adjusted gross income, including AmeriCorps.  | \$        |
| \$      | <b>Combat pay or special combat pay.</b><br>Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on the W-2 in Box 12, Code Q | \$        |

## Step 4 - UNTAXED INCOME - 2010

All information reported is for the entire year of 2010. **DO NOT LEAVE ANY QUESTIONS BLANK.** Enter "N/A" if the question does not apply to you.

| Student | TYPE OF UNTAXED INCOME   | Parent(s) |
|---------|--|-----------|
| \$      | Payments to tax-deferred pension and savings plan (paid or directly withheld from earnings) including, but not limited to, amounts reported on the W2 form - boxes 12a - 12d   | \$        |
| \$      | Child support received for all children. <b>Exclude</b> adoption or foster care payments   | \$        |
| \$      | Housing, food and other living allowances paid to members of military, clergy and others (including cash payments and cash value of benefits). <b>Exclude</b> the value of on-base housing or the value of a basic military allowance for housing.                                     | \$        |
| \$      | Veterans non-educational benefits (Disability, Pension, DIC, etc.)   | \$        |
| \$      | Other untaxed income, such as Workers' Compensation. <b>Exclude</b> student aid, earned income credit, additional child tax credit, welfare, untaxed Social Security, SSI, combat pay, flexible spending accounts, foreign income exclusion or credit for federal tax on special fuels | \$        |
| \$      | Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. <b>If you received monetary or financial support from others in 2010, you must report it here.</b>   | \$        |

## Step 5 - SPECIAL CONDITION TYPE - 2010

- Parent Special Condition Please complete all of the appropriate sections. If this is a Parent Special Circumstance, the parent(s) must submit their Federal Income Tax Returns for the year 2010 with all applicable schedules and W2's, if not previously submitted.
- Spouse Special Condition Please complete all of the appropriate sections. If this is a Spouse Special Circumstance, the spouse must submit their Federal Income Tax Returns for the year 2010 with all applicable schedules and W2's, if not previously submitted.
- Student Special Condition Please complete all of the appropriate sections. If this is a Student Special Circumstance, the student must submit their Federal Income Tax Returns for the year 2010 with all applicable schedules and W2's, if not previously submitted.

## Step 6 - Conditional Reason

|                          | Special Circumstance                       | Reason  | Documentation Needed  |
|--------------------------|--|---|---|
| <input type="checkbox"/> | Unemployment or Underemployment            | <ul style="list-style-type: none"> <li>• Termination (parent, student, spouse)</li> <li>• Layoff (parent, student, spouse)</li> <li>• Underemployment (parent, student, spouse)                             <ul style="list-style-type: none"> <li>o Decrease in wages</li> <li>o Underemployment</li> <li>o Decrease in wages</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Written statement on the summary page provided detailing the specifics of your circumstance</li> <li>• If Independent, A signed copy of your/spouse's 2010 Federal Tax Return; if dependent, your parent's Federal Tax Returns</li> <li>• Copies of all w2 forms for student/spouse, parent(s)</li> <li>• Last paystub from all employers showing year-to-date earnings</li> <li>• Termination notice from employer or letter of resignation</li> <li>• Benefit statement from Unemployment Administration showing monthly benefit or denial of benefit</li> </ul>   |
| <input type="checkbox"/> | Death                                      | <ul style="list-style-type: none"> <li>• Parent or Spouse has passed away after the FAFSA was filed</li> </ul>  | <ul style="list-style-type: none"> <li>• Written statement on the summary page provided detailing the specifics of your circumstance</li> <li>• Signed copy of your/spouse's 2010 Federal Tax Return; if dependent, your parent's Federal Tax Returns</li> <li>• Copies of all w2 forms for student/spouse, parent(s)</li> <li>• Copy of death certificate</li> </ul>   |
| <input type="checkbox"/> | Divorce or Legal Separation                | <ul style="list-style-type: none"> <li>• Parents have legally divorced or separated after the FAFSA has been filed</li> <li>• Independent Student has legally divorced or separated from spouse after the FAFSA has been filed</li> </ul>   | <ul style="list-style-type: none"> <li>• Written statement on the summary page provided detailing the specifics of your circumstance</li> <li>• Signed copy of your/spouse's 2010 Federal Tax Return; if dependent, your parent's Federal Tax Returns</li> <li>• Copies of all w2 forms for student/spouse, parent(s) to verify separation of income</li> <li>• Copy of legal separation agreement, divorce decree or signed letter from a Third Party Professional (attorney, court, judge, etc.) on letterhead, stating date of separation.</li> </ul>  |
| <input type="checkbox"/> | Disability                                 | <ul style="list-style-type: none"> <li>• Student, Parent, or Spouse Approved for Permanent Disability after filing the FAFSA</li> </ul>   | <ul style="list-style-type: none"> <li>• Written statement on the summary page provided detailing the specifics of your circumstance</li> <li>• Signed copy of your/spouse's 2010 Federal Tax Return; if dependent, your parent's Federal Tax Returns</li> <li>• Copies of all w2 forms for student/spouse, parent(s)</li> <li>• Signed letter from a physician stating the extent and duration of disability</li> <li>• Copy of last pay stub from all employers showing year-to-date earnings</li> <li>• Disability benefit statement from Social Security Administration</li> </ul>  |
| <input type="checkbox"/> | Loss of Benefits                           | <ul style="list-style-type: none"> <li>• Independent Student, Parent, or Spouse losing disability, SSI, alimony, workers compensation, or child support after filing the FAFSA</li> </ul>   | <ul style="list-style-type: none"> <li>• Written statement on the summary page provided detailing the specifics of your circumstance</li> <li>• Signed copy of your/spouse's 2010 Federal Tax Return; if dependent, your parent's Federal Tax Returns</li> <li>• Copies of all w2 forms for student/spouse, parent(s)</li> <li>• Documentation of termination of benefits from benefit provider including date of change (i.e. letter from Social Security Administration or Department of Social Services, divorce decree, court order, etc.)</li> <li>• Documentation of one-time payout of IRA, pension, bonus, or other non-recurring income</li> </ul> |
| <input type="checkbox"/> | Medical Expense (NOT COVERED BY INSURANCE) | <ul style="list-style-type: none"> <li>• Independent Student, Parent, or Spouse incurring unusual medical expenses out of pocket which were not covered by insurance or already deducted on taxes. Charges not yet paid cannot be considered</li> </ul>   | <ul style="list-style-type: none"> <li>• Written statement on the summary page provided detailing the specifics of your circumstance</li> <li>• Signed copy of your/spouse's 2010 Federal Tax Return; if dependent, your parent's Federal Tax Returns</li> <li>• Copies of all w2 forms for student/spouse, parent(s)</li> <li>• Copy of 2009 IRS 1040 Schedule A if you itemized medical expenses</li> <li>• Proof of medical expenses incurred in the appropriate year, which were not covered by insurance.</li> </ul>   |
| <input type="checkbox"/> | Other                                      | <ul style="list-style-type: none"> <li>• Any other example not included above. <b>BE ADVISED THAT ANY DECISION MADE ON YOUR BEHALF IS AT THE DISCRETION OF THE OFFICE OF FINANCIAL AID.</b></li> </ul>  | <ul style="list-style-type: none"> <li>• Written statement on the summary page provided detailing the specifics of your circumstance</li> <li>• Signed copy of your/spouse's 2010 Federal Tax Return; if dependent, your parent's Federal Tax Returns</li> <li>• Copies of all w2 forms for student/spouse, parent(s)</li> <li>• Any documentation that will assist with making a decision on your behalf</li> </ul>  |

