

Office of Financial Aid

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Full Name _____

ID Number _____

2017-2018 Special Condition Form

This form will assist you with completing the process for a Dependency Override 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 4, 6 and 8). 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 and dependency overrides 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.

Step 1-Requesting Your IRS Tax Transcripts

If you did not use the DRT (IRS Data Retrieval Tool) and you are eligible to do so, you may do so now by returning to www.fafsa.gov. Otherwise, submit 2015 Federal Tax Return Transcripts for both parent or parents) and student if the student is a dependent student, and submit 2015 Federal Tax Return Transcripts for student and spouse if the student is an independent student. Per federal regulations, we can no longer accept copies of the Federal tax return for verification purposes. Please call 1-800-908-9946 or visit <http://www.irs.gov/Individuals/Order-a-Transcript> to request a return transcript free of charge.

If you and/or your parent or parents are not required to file a 2015 U.S. Income Tax Return, submit copies of all W-2 forms for both you and /or your parent or parents. If a W-2 is not available, please call the IRS at 1-800-908-9946 to request a W-2 Wage Summary.

Step 2-Student Information

SS# _____ Date of Birth _____ Home Phone (include area code) _____ Cell Phone (include area code) _____

Permanent Mailing Address (include Apt #) _____ City _____ State _____ Zip _____

Personal Email Address _____ Institutional Email Address _____

Step 3-Family Information

- Dependent Students enrolled at least HALF TIME, Include:**
- Yourself,
 - Your parent(s) - include step parents
 - Your parent(s)' other dependent children if your parent(s) will provide more than 1/2 of their support from 07/01/15 - 06/31/16, or the children would be required to provide parental information when completing the FAFSA
 - Other people who currently live in your parent(s) household and your parent(s) will provide more than 1/2 of their support from 07/01/15 - 06/31/16

- Independent Students enrolled at least HALF TIME, Include**
- Yourself
 - Your spouse (if you are married)
 - Your children if you will provide more than 1/2 of their support from 07/01/15 - 06/31/16
 - Other people who currently live in your household and you will provide more than 1/2 of their support from 07/01/15 - 06/31/16 **(To be independent, you must be able to answer "YES" to at least one FAFSA dependency status questions.)**

FULL NAME	AGE	RELATIONSHIP	ATTENDING COLLEGE AT LEAST HALF TIME
		Self	Delaware State University

Step 4-Acknowledgement of Benefits

Did you or any of your Household family members receive [Supplemental Nutrition Assistance Program Benefits \(food stamps\)](#) during the calendar year 2015 or 2016?
 Yes. Attach your official award letter (on official letterhead) from your respective state indicating your receipt of benefits and complete Steps 3 and 4.
 No. Proceed to Step 5.

Did you or any of your Household family members receive [Section 8 Housing Benefits](#) during the calendar year 2015 or 2016?
 Yes. Attach your official award letter (on official letterhead) from your respective state indicating your receipt of benefits and complete Steps 3 and 4.
 No. Proceed to Step 5.

Step 5-Acknowledgement of Child Support Paid

Did you or your parents/guardian pay child support during the calendar year 2015?
 Yes, Complete Child Support Information Below
 No, proceed to step 6

Full Name and Relationship of Supported Child	Monthly Amount of Support Paid	Full Name and Relationship of the Person Who Paid The Child Support	Full Name and Relationship of the Person Who The Child Support Was Paid To
	\$		
	\$		
	\$		
	\$		
	\$		

Step 6-Yearly Income - 2015

All information reported is for the entire **year** of 2015. **DO NOT LEAVE ANY QUESTIONS BLANK.** Enter "N/A" if the question does not apply to you. If any additional information will not fit within the spaces provided, be sure to include it on a separate sheet of paper. If you receive any of the income listed below, please be sure to include any award letters or vouchers from your current state. If you were not required to file taxes but was employed during calendar year of 2015, please list it below.

Are you, your spouse, or your parents, or will you, your spouse, or your parents be required to file a 2015 Federal Income Tax Return?

- YES, Attach a signed copy of your 2015 FEDERAL IRS TAX TRANSCRIPTS and W2s
 NO, Complete the table below and attach copies of all 2015 W2 forms.

Employer's Name for Student, Spouse, or Parent	2014 Amount Earned	IRS W-2 Provided?	Parent, Student or Spouse
<i>Suzy's Auto Body Shop (example)</i>	\$2,000.00	Yes	parent

All information reported is for the entire **year** of 2015. **DO NOT LEAVE ANY QUESTIONS BLANK.** Enter "N/A" if the question does not apply to you. If any additional information will not fit within the spaces provided, be sure to include it on a separate sheet of paper.

STUDENT	TYPE OF UNTAXED INCOME	PARENT
\$	Taxable earnings from Federal Work Study	\$
\$	Student grant, scholarship and fellowships reported to the IRS in your adjusted gross income, including AmeriCorps.	\$
\$	Child support received for all children. DO NOT include 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). Exclude 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. Exclude 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. If you received monetary or financial support from others in 2015, you <u>must</u> report it here.	

Step 7-Special Condition or Circumstance Type

- 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 2015 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 2015 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 2015 with all applicable schedules and W2's, if not previously submitted.

Step 8-Special Condition or Circumstance Certification

Special Circumstance	Reason	Documentation Needed
<input type="radio"/> Unemployment or Underemployment	<ul style="list-style-type: none"> • Termination (parent, student, spouse) • Layoff (parent, student, spouse) • Underemployment (parent, student, spouse) <ul style="list-style-type: none"> • Decrease in wages 	<ul style="list-style-type: none"> • Written statement on the lines provided on page 4 detailing the specifics of your circumstance • If Independent, A signed copy of your/spouse's 2015 FEDERAL IRS TAX TRANSCRIPTS; if dependent, your parent's 2015 FEDERAL IRS TAX TRANSCRIPTS • Copies of all w2 forms for student/spouse, parent(s) • Last paystub from all employers showing year-to-date earnings • Termination notice from employer or letter of resignation • Benefit statement from Unemployment Administration showing monthly benefit or denial of benefit
<input type="radio"/> Loss of Benefits	<ul style="list-style-type: none"> • Independent Student, Parent, or Spouse losing disability, SSI, alimony, workers compensation, or child support after filing the FAFSA 	<ul style="list-style-type: none"> • Written statement on the lines provided on page 4 detailing the specifics of your circumstance • If Independent, A signed copy of your/spouse's 2015 FEDERAL IRS TAX TRANSCRIPTS; if dependent, your parent's 2015 FEDERAL IRS TAX TRANSCRIPTS • Copies of all w2 forms for student/spouse, parent(s) • 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.) • Documentation of one-time payout of IRA, pension, bonus, or other non-recurring income
<input type="radio"/> Divorce or Legal Separation	<ul style="list-style-type: none"> • Parents have legally divorced or separated after the FAFSA has been filed • Independent Student has legally divorced or separated from spouse after the FAFSA has been filed 	<ul style="list-style-type: none"> • Written statement on the lines provided on page 4 detailing the specifics of your circumstance • If Independent, A signed copy of your/spouse's 2015 FEDERAL IRS TAX TRANSCRIPTS; if dependent, your parent's 2015 FEDERAL IRS TAX TRANSCRIPTS • Copies of all w2 forms for student/spouse, parent(s) to verify separation of income • 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.
<input type="radio"/> High Un-Reimbursed Medical, Dental, or Nursing Home Expenses	<ul style="list-style-type: none"> • Independent Student, Parent, or Spouse incurring unusual medical, dental, or nursing home expenses out of pocket which were not covered by insurance or already deducted on taxes. Charges not yet paid cannot be considered 	<ul style="list-style-type: none"> • Written statement on the lines provided on page 4 detailing the specifics of your circumstance • If Independent, A signed copy of your/spouse's 2015 FEDERAL IRS TAX TRANSCRIPTS; if dependent, your parent's 2015 FEDERAL IRS TAX TRANSCRIPTS • Copies of all w2 forms for student/spouse, parent(s) • Copy of 2015 IRS 1040 Schedule A if you itemized your medical expenses • Proof of medical expenses incurred in the appropriate year, which were not covered by insurance.

Step 8-Special Condition or Dependency Override Certification

Special Circumstance	Reason	Documentation Needed
Disability	<ul style="list-style-type: none"> Student, Parent, or Spouse Approved for Permanent Disability after filing the FAFSA 	<ul style="list-style-type: none"> Written statement on the lines provided on page 4 detailing the specifics of your circumstance If Independent, A signed copy of your/spouse's 2015 FEDERAL IRS TAX TRANSCRIPTS; if dependent, your parent's 2015 FEDERAL IRS TAX TRANSCRIPTS Copies of all w2 forms for student/spouse, parent(s) Last paystub from all employers showing year-to-date earnings Signed letter from a physician stating the extent and duration of disability Disability benefit statement from Social Security Administration
Other	<ul style="list-style-type: none"> Any other example not included above. <p>BE ADVISED THAT ANY DECISION MADE ON YOUR BEHALF IS AT THE DISCRETION OF THE OFFICE OF FINANCIAL AID.</p>	<ul style="list-style-type: none"> Written statement on the lines provided on page 4 detailing the specifics of your circumstance If Independent, A signed copy of your/spouse's 2015 FEDERAL IRS TAX TRANSCRIPTS; if dependent, your parent's 2015 FEDERAL IRS TAX TRANSCRIPTS Copies of all w2 forms for student/spouse, parent(s) Copies of any and all documentation confirming your special circumstance <p>*****Please note that special conditions are reviewed on a case-by-case basis. An appeal submission does not guarantee approval and may not ultimately result in actual change of aid already awarded. *****</p>

Step 9-Certification

I/We certify that all information reported is complete and correct to the best of my/our ability, and that I/we have attached relevant documentation, if applicable. I/We understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the financial aid recipient to be fined, imprisoned, or both under provision of the U.S. Criminal Code.

Signature of Student

_____/_____/_____
Date

Signature of Parent/Spouse

_____/_____/_____
Date

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			Date
New EFC			_____/_____/_____