



**SPECIAL CONDITION REQUEST FOR REVIEW  
2016-2017**

Student's Name \_\_\_\_\_ Student's ID Number \_\_\_\_\_

The Financial Aid Office recognizes that a family can experience a change in financial circumstances which make it necessary to re-evaluate an aid application. Before consideration will be given, the student must have submitted a 2016-17 Free Application for Federal Student Aid (FAFSA) and the results must be on file. Also, if selected, the federal verification process must be finalized.

**SEE BACK OF THE FORM FOR A LIST OF REQUIRED DOCUMENTS**

Please **CHECK BELOW** the special circumstance which will affect your family & answer all questions below the item. Students and parents are required to provide the documentation as noted on the back of this form and **SIGN BELOW**.

\_\_\_\_ **Unemployment** of a parent, student, or student's spouse due to termination, disability, retirement or layoff.

Name of unemployed person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Date of unemployment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weekly amount of Unemployment Benefits: \$\_\_\_\_\_  
What is the total amount of severance or vacation pay, if any, to be received in **2016**? \$\_\_\_\_\_  
Has the person returned to work? \_\_\_\_ Yes \_\_\_\_ No If yes, indicated date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
If yes, indicate monthly gross income from new job: \$\_\_\_\_\_

\_\_\_\_ **Divorce or Separation** of student or student's parents.

Date of Divorce or Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of parent student lives with? \_\_\_\_\_  
Indicate weekly amount of support received by this parent:  
Child Support (for all children): \$\_\_\_\_\_ Alimony: \$\_\_\_\_\_ Household Support: \$\_\_\_\_\_

\_\_\_\_ **Death** of a parent or spouse.

Name of deceased person: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Social Security Benefits began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly amount for all family members: \$\_\_\_\_\_

\_\_\_\_ **Loss of Untaxed Income or Benefits**, such as, social security, child support, pension, etc.

Person who lost benefits: \_\_\_\_\_ Type of benefits lost: \_\_\_\_\_  
Date of benefits lost: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total received in **2015**: \$\_\_\_\_\_ Total received in **2016**: \$\_\_\_\_\_

\_\_\_\_ **Unreimbursed Paid Medical Expenses** in 2015.

Name of person(s) incurring the expenses: \_\_\_\_\_  
Nature of illness: \_\_\_\_\_

\_\_\_\_ **Student Loss of FULL-TIME Work** (Student worked at least 35 hours a week for at least 30 weeks in 2015, but is no longer working full-time).

Applicant is currently working \_\_\_\_ part-time or \_\_\_\_ unemployed.  
Reason for change in employment status: \_\_\_\_\_  
If working part-time, what are the expected wages for 2016? \$\_\_\_\_\_  
If unemployed, please answer all questions in **Unemployed** section above.

\_\_\_\_ **Other**. Please attach a detailed letter of explanation. See back of form for list of circumstances which will NOT be considered.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Spouse Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Required Document for Special Condition Requests

**In addition to the required document to support the request, it is recommended that the student and/or parent write a letter describing the extenuating circumstances which have affected their ability to pay for college.**

**A SIGNED copy of the student's and parent's, if dependent, 2015 Federal Income Tax Return, including all pages, schedules & W-2 forms, MUST be submitted with all requests.**

### **Unemployment**

- Copy of "Notice to Claimant of Benefit Determination" from unemployment office.
- Notice of termination from employer with indication of last date of employment.
- Last pay stub(s) from former employer.
- Verification of retirement or medical disability.

### **Divorce or separation**

- Divorce decree or legal separation document.
- If legal papers are not available, submit verification of differing addresses. This may be a driver's license, utility bills, signed lease, employer verification, care insurance bill, etc.

### **Death of parent/spouse**

- Death certification obituary notice or bill from funeral home.

### **Loss of Untaxed Income or Benefits**

- Statement from agency which terminated benefits.

### **Unreimbursed Paid Medical Expenses**

- Copy of Schedule A from 2015 Federal Income Tax Return.
- If **no** Schedule A was filed, cancelled checks and/or receipts showing amount paid AND statements from insurance company indicated unreimbursed expenses.

### **Other**

- Any relevant documentation to support the request.

### ***Please note that the following condition will NOT be considered:***

- Parent and/or step-parent unwilling to provide information on a financial aid application and/or assist in paying for college.
- Unusual expenses related to consumer debt, such as, credit card debit, care or insurance payments, mortgages, income or real estate taxes.
- Families with prior Special Conditions who underestimate their income.
- Reductions in pay due to voluntary overtime.
- Bankruptcy proceedings.

### ***Return this request with documentation to:***

Phone: (845)848-7821  
Fax: (845)359-4317

Financial Aid Office  
Dominican College  
470 Western Highway  
Orangeburg, NY 10962