



## 2011-2012 SPECIAL CONDITIONS FORM

Financial Aid Office  
1100 E. 14<sup>th</sup> St.  
Ada, OK 74820  
Phone: 580-559-5243  
Fax: 580-436-5612

Print Student's Name: \_\_\_\_\_ Student's ID #: \_\_\_\_\_

The Special Conditions Form can be used if families have experienced special circumstances that occur after 01/01/2011 which merit recalculating your financial aid eligibility based on your projected 2011 income rather than the federally required 2010 income. Before your appeal can be considered, your 2011/2012 Free Application for Federal Student Aid (FAFSA) must be on file with East Central University.

All required documents must be submitted prior to the review.

SPECIAL CIRCUMSTANCE (Please Check One)	REASONS FOR CONSIDERATION	REQUIRED DOCUMENTATION ALL DOCUMENTS MUST BE SIGNED
<input type="checkbox"/> Loss of Employment  (Minimum 20% reduction of 2009 income – must be documented for a minimum of 10 weeks)	<ul style="list-style-type: none"> <li>➤ Termination/layoff from job</li> <li>➤ Significant reduction in work hours</li> <li>➤ Retirement</li> <li>➤ Return to School</li> </ul>	<ul style="list-style-type: none"> <li>• Written statement detailing the specifics of your circumstances</li> <li>• Your/Spouse's 2010 Federal Tax Return; if dependent, your Parent's 2010 Federal Tax Returns</li> <li>• 2011/2012 Verification Worksheet</li> <li>• All W-2 forms for parent(s)/student/spouse</li> <li>• Last pay stub 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 benefits.</li> </ul>
<input type="checkbox"/> Loss of Untaxed Income	Loss of: <ul style="list-style-type: none"> <li>➤ Child Support</li> <li>➤ Alimony</li> <li>➤ Disability Payment</li> <li>➤ Worker's Compensation</li> <li>➤ Other Untaxed Income</li> </ul>	<ul style="list-style-type: none"> <li>• Written statement detailing the specifics of your circumstances</li> <li>• Your/Spouse's 2010 Federal Tax Return; if dependent, your Parent's 2010 Federal Tax Returns</li> <li>• 2011/2012 Verification Worksheet</li> <li>• All W-2 forms for parent(s)/student/spouse</li> <li>• Documentation of termination of benefits from benefit provider and date of change (i.e. letter from Social Security Administration or Department of Social Services, divorce decree, court order, DD-214, etc.)</li> </ul>
<input type="checkbox"/> Separation or Divorce during the 2011 calendar year	Parent (if dependent) or spouse (if independent) no longer residing in household due to separation or divorce AFTER the FAFSA has been filed.	<ul style="list-style-type: none"> <li>• Written statement detailing the specifics of the circumstances</li> <li>• Your/Spouse's 2010 Federal Tax Return; if dependent, your Parent's 2010 Federal Tax Returns</li> <li>• 2011/2012 Verification Worksheet</li> <li>• All W-2 forms must be submitted to verify separation of income</li> <li>• Copy of legal separation agreement, divorce decree, or signed letter from a Third Party Professional (attorney, clergy, counselor, etc.) on letterhead stating date of separation.</li> </ul>
<input type="checkbox"/> Death of Parent or Spouse	Parent (if dependent) or spouse (if independent) passes away AFTER the FAFSA has been filed.	<ul style="list-style-type: none"> <li>• Written statement detailing the specifics of your circumstances</li> <li>• Your/Spouse's 2010 Federal Tax Return; if dependent, your Parent's 2010 Federal Tax Returns</li> <li>• 2011/2012 Verification Worksheet</li> <li>• All W-2 forms for parent(s)/student/spouse</li> <li>• Copy of Death Certificate</li> </ul>
<input type="checkbox"/> Permanent and total disability	Parent (if dependent), student or spouse (if independent) suffered permanent and total disability.	<ul style="list-style-type: none"> <li>• Written statement detailing the specifics of the circumstances</li> <li>• Your/Spouse's 2010 Federal Tax Return; if dependent, your Parent's 2010 Federal Tax Returns</li> <li>• 2011/2012 Verification Worksheet</li> <li>• All W-2 forms for parent(s)/student/spouse</li> <li>• Signed letter from a physician stating the extent and duration of disability (stamped signature not acceptable)</li> <li>• Last pay stub from all employers showing year-to-date earnings</li> <li>• Disability benefit statement from Social Security Administration</li> </ul>

**2011-2012 SPECIAL CONDITIONS FORM**

**Projected Annual Income and Benefits from \_\_\_\_\_ to \_\_\_\_\_**

<b><u>SOURCE OF INCOME:</u></b> <b>List Projected Annual Amounts</b>	<b>FATHER/ STEPFATHER</b>	<b>MOTHER/ STEPMOTHER</b>	<b>STUDENT</b>	<b>STUDENT'S SPOUSE</b>
Wages, salaries, tips (include Severance Pay)	\$ _____	\$ _____	\$ _____	\$ _____
Pensions and Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Interest and/or Dividend Income	\$ _____	\$ _____	\$ _____	\$ _____
Business or Farm Income	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Social Security/SSI Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Welfare Benefits/TANF	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____ In Kind Support (expenses paid By others on your behalf)	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total All Income:</b>	\$ _____	\$ _____	\$ _____	\$ _____

**STATEMENT OF CERTIFICATION**

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and may not ultimately result in actual change of the financial aid already offered. All persons providing information must sign below.

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Student's Signature \_\_\_\_\_ Student ID # \_\_\_\_\_ Date \_\_\_\_\_

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Spouse's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

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Parent's Signature (if student is dependent) \_\_\_\_\_ Date \_\_\_\_\_

**HAVE YOU PROVIDED ALL OF THE FOLLOWING?**

- |  |   |
|--|---|
| <input type="checkbox"/> Written Detailed Statement of Circumstances   | <input type="checkbox"/> Verification Worksheet                     |
| <input type="checkbox"/> Tax Returns, Schedules, & W-2 Wage Statements | <input type="checkbox"/> Student's Name and Student ID on ALL Forms |
| <input type="checkbox"/> All Required Documentation as Indicated       | <input type="checkbox"/> Appropriate Signatures on ALL Forms        |