



2018-2019 SPECIAL CONDITIONS FORM

Financial Aid Office
 1100 E. 14th St.
 PMB A-8
 Ada, OK 74820
 Phone: 580-559-5243
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Student's Name: _____ Student ID Number: _____

The Special Conditions Form can be used if families have experienced special circumstances that occur after 01/01/2017 which merit recalculating your financial aid eligibility based on your 2017 income rather than the federally required 2016 income. Before your appeal can be considered, your 2018-2019 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 2016 income – must be documented for a minimum of 10 weeks)	<ul style="list-style-type: none"> ➤ Termination/layoff from job ➤ Significant reduction in work hours ➤ Retirement ➤ Return to School 	<ul style="list-style-type: none"> • Written statement detailing the specifics of your circumstances • Your/Spouse's 2016 & 2017 Federal Tax Return Transcript; if dependent, your Parent's 2016 & 2017 Federal Tax Return Trans • 2018-2019 V1 Verification Worksheet • All W-2 forms for parent(s)/student/spouse • Last pay stub 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 benefits.
<input type="checkbox"/> Loss of Untaxed Income	Loss of: <ul style="list-style-type: none"> ➤ Child Support ➤ Alimony ➤ Disability Payment ➤ Worker's Compensation ➤ Other Untaxed Income 	<ul style="list-style-type: none"> • Written statement detailing the specifics of your circumstances • Your/Spouse's 2016 and 2017 Federal Tax Return Transcript; if dependent, your Parent's 2016 and 2017 Federal Tax Return Trans • 2018-2019 V1 Verification Worksheet • All W-2 forms for parent(s)/student/spouse • 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.)
<input type="checkbox"/> Separation or Divorce during the 2016 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"> • Written statement detailing the specifics of the circumstances • Your/Spouse's 2016 & 2017 Federal Tax Return Transcript; if your Parent's 2016 & 2017 Federal Tax Return Transcript • 2018-2019 V1 Verification Worksheet • All W-2 forms must be submitted to verify separation of income • 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.
<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"> • Written statement detailing the specifics of your circumstances • Your/Spouse's 2016 & 2017 Federal Tax Return Transcript; if your Parent's 2016 & 2017 Federal Tax Return Transcript • 2018-2019 V1 Verification Worksheet • All W-2 forms for parent(s)/student/spouse • Copy of Death Certificate
<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"> • Written statement detailing the specifics of the circumstances • Your/Spouse's 2016 & 2017 Federal Tax Return Transcript; if your Parent's 2016 & 2017 Federal Tax Return Transcript • 2018-2019 V1 Verification Worksheet • All W-2 forms for parent(s)/student/spouse • Signed letter from a physician stating the extent and duration of disability (stamped signature not acceptable) • Last pay stub from all employers showing year-to-date earnings • Disability benefit statement from Social Security Administration

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Projected Annual Income and Benefits from _____ to _____

<u>SOURCE OF INCOME:</u>	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
List Projected Annual Amounts				
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)				
Total All Income:	\$ _____	\$ _____	\$ _____	\$ _____

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. I understand that I must provide a copy of the 2016 IRS Tax Returns to verify the data given above. All persons providing information must sign below.

Student's Signature _____ Student ID # _____ Date _____

Parent/Spouse's Signature (if applicable) _____ 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 Return Transcripts & 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 |

Verification of 2016 Income Information for Individuals with Unusual Circumstances Individuals Granted a Filing Extension by the IRS

An individual, who is required to file a 2016 IRS income tax return and has been granted a filing extension by the IRS, must provide:

- A copy of IRS Form 4868, “Application for Automatic Extension of Time to File U.S. Individual Income Tax Return,” that was filed with the IRS for tax year 2016;
- A copy of the IRS's approval of an extension beyond the automatic six-month extension if the individual requested an additional extension of the filing time for tax year 2016;
- Verification of Non-filing Letter (confirmation that the tax return has not yet been filed) from the IRS or other relevant tax authority dated on or after October 1, 2017;
- A copy of IRS Form W–2 for each source of employment income received for tax year 2016 and,
- If self-employed, a signed statement certifying the amount of the individual’s Adjusted Gross Income (AGI) and the U.S. income tax paid for tax year 2016.

Individuals Who Filed an Amended IRS Income Tax Return

An individual who filed an amended IRS income tax return for tax year 2016 must provide:

- A **2016 IRS Tax Return Transcript** (that will only include information from the original tax return and does not have to be signed), or any other IRS tax transcript(s) that includes all of the income and tax information required to be verified; **and**
- A signed copy of the 2016 IRS Form 1040X, “Amended U.S. Individual Income Tax Return,” that was filed with the IRS.

Individuals Who Were Victims of IRS Tax-Related Identity Theft

An individual who was the victim of IRS tax-related identity theft must provide:

- A Tax Return Database View (TRDBV) transcript obtained from the IRS, or any other IRS tax transcript(s) that includes all of the income and tax information required to be verified; **and**
- A statement signed and dated by the tax filer indicating that he or she was a victim of IRS tax-related identity theft and that the IRS is aware of the tax-related identity theft.