

## Ulster County Community College Financial Aid Office 2017 – 2018 Special Condition Form

Student Name: \_\_\_\_\_ SSN or ID#: \_\_\_\_\_

When completing The Free Application for Federal Student Aid (FAFSA) for the 2017 – 2018 academic year, a family is asked to provide actual 2015 taxable and non-taxable income. A family, who expects its 2017 income to be *considerably* less than was reported on the FAFSA for 2015, should complete the form below and submit it to the UCCC Financial Aid Office along with a ***letter of explanation and appropriate documentation that supports the special condition.***

*Please note: Special Condition Forms submitted without required supporting documentation and letters of explanation will not be considered. Submittal of a Special Condition Form does not guarantee that the student's financial aid will be adjusted.*

### Section A *I am filing a Special Condition Form as a result of:*

<b>Loss of employment</b> <input type="radio"/> Parent <input type="radio"/> Student <input type="radio"/> Spouse	<b>Last date of employment</b>  ____/____/____	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Proof of unemployment income</li> <li>• If not collecting unemployment, copy of last paystub</li> </ul>
<b>Reduction in income from work. Note: Loss of overtime will not be considered</b> <input type="radio"/> Parent <input type="radio"/> Student <input type="radio"/> Spouse		<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Copy of most recent pay stub showing income</li> </ul>
<b>Reduction in or loss of benefit</b> (e.g. Unemployment, Worker's Comp., SSI, Social Security, Child Support, TANF) <input type="radio"/> Parent <input type="radio"/> Student <input type="radio"/> Spouse	____/____/____ <i>Date</i>	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Notice of cancellation of benefits/income</li> </ul>
<b>Death</b> <input type="radio"/> Parent <input type="radio"/> Spouse	<b>Date of death</b>  ____/____/____	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Copy of death certificate</li> </ul>
<b>One time lump sum payment due to unforeseen circumstances</b> <i>Please list the source of this payment.</i>  _____		<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Documentation appropriate to the situation</li> </ul>

## Section B

- I have included copies of my family's 2015 Federal Tax Return.*  
 *I have submitted the 2017-2018 Verification Worksheet.*

*Please complete all applicable fields for individual(s) affected by the loss of income*

### EXPECTED/ACTUAL INCOME FROM JAN 1, 2017 UNTIL DEC 31, 2017

Income Source	Mother	Father	Student	Spouse
Income earned from work	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Social Security benefits	\$	\$	\$	\$
TANF and/or AFDC	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Veteran's benefits	\$	\$	\$	\$
Severance pay	\$	\$	\$	\$
SSI benefits	\$	\$	\$	\$
Other income	\$	\$	\$	\$
<b>Total 2017 income</b>	\$	\$	\$	\$

## Section C *Certification requesting special circumstance consideration:*

The information provided on this form and supporting documents is true and complete to the best of my knowledge. I agree to provide additional documentation, if requested. **I understand that if at any time the estimates of the 2017 income that I submit on this form change, I will contact the Financial Aid Office as soon as possible regarding the change.** I understand that Special Condition Forms submitted without required supporting documentation and letters of explanation will not be considered. I also understand that submittal of a Special Condition Form does not guarantee that the financial aid will be adjusted.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form with supporting documentation to:*

Financial Aid Office, Ulster County Community College  
Stone Ridge, N.Y. 12484 Telephone: 845-687-5058 Fax: 845-687-5172