

Ulster County Community College Financial Aid Office 2016 – 2017 Special Condition Form

Student Name: _____ SSN or ID#: _____

When completing The Free Application for Federal Student Aid (FAFSA) for the 2016 – 2017 academic year, a family is asked to provide actual 2015 taxable and non-taxable income. A family, who expects its 2016 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:*

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

Section B

- I have included copies of my family's 2015 Federal Tax Return.*
 I have submitted the 2016-2017 Verification Worksheet.

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

EXPECTED/ACTUAL INCOME FROM JAN 1, 2016 UNTIL DEC 31, 2016

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	\$	\$	\$	\$
Total 2016 income	\$	\$	\$	\$

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 2016 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