

**Herkimer County Community College  
Financial Aid Office  
2009 – 2010 Special Condition Form**

*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.*

**DO NOT SUBMIT PRIOR TO JULY 1, 2009**

When completing financial aid applications for the 2009-10 academic year, a family is asked to provide actual 2008 taxable and non-taxable income. A family who expects its 2009 income to be *considerably* less than was reported on the FAFSA for 2008, should complete the form below and submit it to the HCCC Financial Aid Office along with a *letter of explanation and appropriate documentation that supports the special condition.*

**Student Name:** \_\_\_\_\_ **SSN or ID#** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

## Section A

*I am filing a Special Condition form as a result of:*

<b>Loss of Employment</b>  <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse	<b>Last date of Employment</b>  ____/____/____	<b>Required Documentation</b> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2009</li> <li>• Letter of explanation from student/parent</li> <li>• Copy of last pay stub for each job held</li> <li>• Proof of unemployment income as a result of loss of employment</li> </ul>
<b>Other</b>	<b>Date of Change</b>  ____/____/____	<b>Required Documentation</b> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2009</li> <li>• Letter of explanation from student/parent</li> <li>• Provide any other pertinent documents</li> </ul>
<b>Death</b>  <input type="checkbox"/> Parent <input type="checkbox"/> Spouse	<b>Date of Death</b>  ____/____/____	<b>Required Documentation</b> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2009</li> <li>• Letter of explanation from student/parent</li> <li>• Copy of Death Certificate</li> </ul>
<b>Reduction in or loss of benefit.</b> (eg. Unemployment Benefits, Workers Compensation, Child Support, Social Security Benefits, SSI, etc.)  <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse		<b>Required Documentation</b> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2009</li> <li>• Letter of explanation from student/parent</li> <li>• Submit notice of cancellation of benefits / income</li> </ul>
<b>Substantial reduction in income from work.</b> <i>Note: Loss of overtime will not be considered!</i>  <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse		<b>Required Documentation</b> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2009</li> <li>• Letter of explanation from student/parent</li> <li>• Copy of most recent pay stub showing a reduced income</li> </ul>
<b>One time lump sum payment</b> <i>Please list the source of this one time payment.</i>  _____		<b>Required Documentation</b> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2009</li> <li>• Letter of explanation from student/parent</li> </ul>

*See other side for section B*



# Section B

\_\_\_ I have included signed copies of my family's 2008 federal tax returns (if I have not already done so).

\_\_\_ I have submitted the 2009-2010 Verification Worksheet. (if I have not already done so).

Please complete all applicable fields.

## ACTUAL AND EXPECTED INCOME FROM JAN 1, 2009 UNTIL DEC 31, 2009

Income source	Mother	Father	Student	Spouse
Income Earned from work	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Social Security benefits	\$	\$	\$	\$
Welfare (AFDC, TANF)	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Veteran's benefits	\$	\$	\$	\$
Severance pay	\$	\$	\$	\$
SSI benefits	\$	\$	\$	\$
Other income	\$	\$	\$	\$
<b>Total Anticipated 2008 Income</b>	\$	\$	\$	\$

# Section C

## Certification by person(s) 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 2009 income that I submit on this form changes, 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 student's financial aid will be adjusted.

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

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

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

Please return this form with supporting documentation to:

Herkimer County Community College  
 Financial Aid Office  
 Reservoir Road  
 Herkimer, NY 13350  
 Telephone: 315-866-0300 ext. 8282  
 Fax: 315-866-0062