

2018 – 2019 Special Condition Form

Herkimer County Community College
Financial Aid Office



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.

When completing financial aid applications for the 2018-19 academic year, a family is asked to provide actual 2016 taxable and non-taxable income. A family, who expects its 2018 income to be *considerably* less than was reported on the FAFSA for 2016, should complete the form below and submit it to the Herkimer College Financial Aid Office along with a **letter of explanation and appropriate documentation that supports the special condition.**

Student Name: _____ ID: _____

Phone Number: _____

Section A

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

<p>Loss of Employment</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse</p>	<p>Last date of Employment</p> <p>____/____/____</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Complete Section B on reverse estimating income for 2018 • Letter of explanation from student/parent • Copy of last pay stub for each job held • Proof of unemployment income as a result of loss of employment
<p>Death</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Spouse</p>	<p>Date of Death</p> <p>____/____/____</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Complete Section B on reverse estimating income for 2018 • Letter of explanation from student/parent • Copy of Death Certificate
<p>Reduction in or loss of benefit. (e.g. Unemployment Benefits, Workers Compensation, Child Support, Social Security Benefits, SSI, etc.)</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse</p>		<p>Required Documentation</p> <ul style="list-style-type: none"> • Complete Section B on reverse estimating income for 2018 • Letter of explanation from student/parent • Submit notice of cancellation of benefits / income
<p>Substantial reduction in income from work. <i>Note: Loss of overtime will not be considered!</i></p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse</p>		<p>Required Documentation</p> <ul style="list-style-type: none"> • Complete Section B on reverse estimating income for 2018 • Letter of explanation from student/parent • Copy of most recent pay stub showing a reduced income
<p>One time lump sum payment <i>Please list the source of this one time payment.</i></p> <p>_____</p>		<p>Required Documentation</p> <ul style="list-style-type: none"> • Complete Section B on reverse estimating income for 2018 • Letter of explanation from student/parent
<p>Other</p>	<p>Date of Change</p> <p>____/____/____</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Complete Section B on reverse estimating income for 2018 • Letter of explanation from student/parent • Provide any other pertinent documents

See other side for section B



Section B

 I am including copies of my family's 2016 IRS Federal Tax Return Transcript.

 I am submitting the 2018-2019 Verification Worksheet

Download at: <http://www.herkimer.edu/apply/financial-aid/forms/>

Please complete all applicable fields.

ACTUAL AND EXPECTED INCOME FROM JAN 1, 2018 UNTIL DEC 31, 2018

Income source	Mother	Father	Student	Spouse
Income Earned from work /yr.	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Social Security benefits	\$	\$	\$	\$
Welfare (AFDC, TANF)	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Veteran's benefits	\$	\$	\$	\$
Severance pay	\$	\$	\$	\$
SSI benefits	\$	\$	\$	\$
Workers Comp	\$	\$	\$	\$
Other income	\$	\$	\$	\$
Total Anticipated 2018 Income	\$	\$	\$	\$

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 2018 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 documentations to:

*Herkimer County Community College
Financial Aid Office
100 Reservoir Road
Herkimer, NY 13350*

*Telephone: 315-574-4035
Fax: 315-866-2908*