

# 2019 – 2020 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 2019-20 academic year, a family is asked to provide actual 2017 taxable and non-taxable income. A family, who expects its 2019 income to be *considerably* less than was reported on the FAFSA for 2017, 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><b>Loss of Employment</b></p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Spouse</p>	<p><b>Last date of Employment</b></p> <p>____/____/____</p>	<p><b>Required Documentation</b></p> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2019</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>
<p><b>Death</b></p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Spouse</p>	<p><b>Date of Death</b></p> <p>____/____/____</p>	<p><b>Required Documentation</b></p> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2019</li> <li>• Letter of explanation from student/parent</li> <li>• Copy of Death Certificate</li> </ul>
<p><b>Reduction in or loss of benefit.</b> (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><b>Required Documentation</b></p> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2019</li> <li>• Letter of explanation from student/parent</li> <li>• Submit notice of cancellation of benefits / income</li> </ul>
<p><b>Substantial reduction in income from work.</b> <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><b>Required Documentation</b></p> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2019</li> <li>• Letter of explanation from student/parent</li> <li>• Copy of most recent pay stub showing a reduced income</li> </ul>
<p><b>One time lump sum payment</b> <i>Please list the source of this one time payment.</i></p> <p>_____</p>		<p><b>Required Documentation</b></p> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2019</li> <li>• Letter of explanation from student/parent</li> </ul>
<p><b>Other</b></p>	<p><b>Date of Change</b></p> <p>____/____/____</p>	<p><b>Required Documentation</b></p> <ul style="list-style-type: none"> <li>• Complete Section B on reverse estimating income for 2019</li> <li>• Letter of explanation from student/parent</li> <li>• Provide any other pertinent documents</li> </ul>

See other side for section B



# Section B

     ***I am including copies of my family's 2017 IRS Federal Tax Return Transcript.***

     ***I am submitting the 2019-2020 Verification Worksheet***

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

*Please complete all applicable fields.*

## **ACTUAL AND EXPECTED INCOME FROM JAN 1, 2019 UNTIL DEC 31, 2019**

<b>Income source</b>	<b>Mother</b>	<b>Father</b>	<b>Student</b>	<b>Spouse</b>
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	\$	\$	\$	\$
<b>Total Anticipated 2019 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 2019 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*