Request of Review of Special Conditions, 2016-2017
Self-Supporting Independent Students

Use this form to let Student Financial Services know of significant changes in your or your spouse's income and resources that occur during the 2016 tax year. You must file the 2016-2017 Free Application for Federal Student Aid BEFORE you complete this form. You may submit this form at any time after you receive a valid 2016-2017 Student Aid Report, but this request must be submitted along with acceptable documentation no later than 60 days before your last date of attendance during 2016-2017 (Fall 2016, Spring 2017, Summer 2017).

Student ___________________________ SID ____________________  Phone# _____________

Complete all items for yourself and your spouse, if you are married.

1. **2015 Adjusted Gross Income**
   $_________
   *Provide a copy of your 2015 U.S. Income Tax Return*

2. **2015 Other Income**
   $_________
   Child Support, Disability Income, Pension Income

3. **2016 Projected Income.** See reverse for samples of acceptable verification.
   Verification of all year-to-date income is REQUIRED.

<table>
<thead>
<tr>
<th>Earnings</th>
<th>Untaxed Income</th>
<th>TOTAL INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan – Mar 2016</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>April – June 2016</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>July – Sept 2016</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Oct – Dec 2016</td>
<td>$_________</td>
<td>$_________</td>
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</tbody>
</table>

**TOTAL INCOME** $_________ $_________ = $_________

**Student’s** 2016 income will be substantially less than 2015 income due to:

___ job termination, lay-off, or change of employment. Attach employer’s statement.

Effective date of job termination, job lay-off, or job change. ________________

___ illness. Attach medical statement(s)

Date of illness ________________

___ other (explain) ___________________________________________________________________
Spouse’s 2016 income will be substantially less than 2015 income due to:

___ job termination, lay-off, or change of employment. Attach employer’s statement.

Effective date of job termination, lay-off, or change. ____________________

___ illness. Attach medical statement(s)

Date of illness ____________________

___ other (explain) ______________________________

Provide a written summary explaining how the circumstances mentioned above will adversely affect your ability to pay for educational expenses at UNA from your 2015 income or resources. Some examples of special circumstances include, but are not limited to, the following:

- If you presently have no income, how are you meeting the basic necessities of life, i.e., housing, food, clothing, transportation? Provide an annual value for the benefits being provided to you.
- If your current income has been substantially reduced from the year before, how are you meeting the basic necessities of life, i.e., housing, food, clothing, transportation?
- Are you living with someone who is providing to you the basic necessities of life? Explain and provide a value for the benefits being provided to you.
- Unusually large medical expenses NOT PAID BY MEDICAL INSURANCE. We will consider the amounts YOU ACTUALLY PAID, not the amount you owe to the doctor(s) and hospital(s).
- If you received a lump-sum settlement from a retirement account or inheritance and you spent the money for the basic necessities of life, please explain. We may or may not make an adjustment to your eligibility for Federal Student Aid on the basis of the money you spent from the settlement.
- If you have experienced a marital separation that caused a substantial reduction in your household income, please explain. Provide a copy of the separation agreement.
- If you have suffered personal financial losses as a result of wind storms, fire, floods or other natural disasters that were not covered by insurance, please explain. Provide a copy of the insurance claim form or accident report.
- If the death of your spouse caused a substantial reduction in your household income, please explain. Provide a copy of the death certificate.
- If you or your spouse, if you are married, have suffered an accident on the job that caused a substantial reduction in the household income, please explain and provide a copy of the accident report or employer statement detailing the period of your absence.

Please Note
We will not make adjustments or recalculations to Federal Student Aid on the basis of recurring costs such as utilities, credit card expenses, allowances to children, mortgage payments, vehicle payments, tuition for private school, medical costs you owe, and other lifestyle expenses which you choose.

Acceptable Documentation of 2015 Income
a recent paycheck stub which includes 2016 year-to-date earnings
a recent statement from employer of 2016 year-to-date earnings
a statement from agency (i.e., Social Security) of 2015 benefits
a signed copy of your 2015 U.S. Income Tax Return or Transcripts and W2s

Student Signature _______________________________ Date ____________________