

# 2019-2020 Special Conditions Form



## Office of Scholarships and Financial Assistance

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### Student information

\_\_\_\_\_  
Last name First name Middle initial Northwest 919 number

\_\_\_\_\_  
Address City State ZIP Phone Number

This form may be used if the financial situation has changed for any person(s) in the household reported on your FAFSA. Please select the circumstance(s) which best describes the change in situation and provide all documentation applicable to circumstance. In addition to appropriate third party documentation, you must submit a detailed letter explaining your situation. **Your request cannot be reviewed until the letter and all documentation is received.**

To accurately project 2019 income, it is necessary to verify base year (2017) income. Our office will contact you if additional information is needed. If you were selected for verification for 2019-2020 we should not need more information to verify.

Projected 2019 Income	Student (and spouse, if married)		Parent(s) of dependent student	
Expected earnings and other taxable income for 2019.	Student \$ _____ Spouse \$ _____		Parent 1 \$ _____ Parent 2 \$ _____	
Source and amount of expected untaxed income and benefits for 2019.	Source	Amount	Source	Amount
		\$ _____		\$ _____
		\$ _____		\$ _____

Please select situations that apply to family circumstances and attach appropriate supporting documentation.

2019 Medical/Dental expenses paid but not covered by insurance. Total must be at least 10% of family income to be considered.

Total amount of payments made (*amount paid after insurance*) \$ \_\_\_\_\_

- Provide a letter of explanation with an itemized list of expenses.
- Provide copies of current bills, copies of receipts of payments, or copy of payment plan/promissory note.

Student/spouse/parent who earned money in 2017 has lost his or her job and **remained unemployed for at least 10 consecutive weeks** during 2019.

Date full-time work ceased: \_\_\_\_\_

- Provide a detailed statement of situation and documentation of change in employment from employer(s).
- Provide all final pay stubs for student (and spouse, if married) or for both parents.
- Provide most recent pay stub(s) from all current employment.
- Provide documentation of unemployment benefits received or to be received.
- Provide signed copies of the 2017 1040 Tax Return or Federal Tax Return Transcript for student (and spouse) or for both parents.
- Provide a separation agreement/letter from employer.

This is a two-page document. Please review and complete both pages prior to submitting.

Student/spouse/parent who earned money in 2017 has experienced a significant decrease in resources in 2019. This must be the result of a disability, natural disaster, change in employment, or one-time income that occurred in 2017. Decreases of less than \$2,000 or less than 20% of the family income cannot be considered.

- Provide a detailed statement of situation with this form.
- Provide recent pay stub(s), disability verification, or other documentation to support loss of income.
- If one-time income was received, attach documentation explaining what happened to the increase.
- Provide signed copies of 2017 1040 Tax Return or Federal Tax Return Transcript for student (and spouse, if married) or for both parents.

Student or parent who provided parental data on the FAFSA applied for financial aid, but since that time, has separated or divorced and no longer live together.

Check applicable status:  Separated  Divorced

Date of separation or divorce: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Provide copy of divorce decree or divorce/separation court order.
- If separated, provide a utility bill or other acceptable mail from each individual showing different residence addresses.
- Provide signed copies of 2017 1040 Tax Return or Federal Tax Return Transcript for student (and spouse, if married) or for both parents.
- Provide copies of all income statements (ex. W-2s or 1099s) for student and spouse or both parents.

Student applied for financial aid, but since that time the student's spouse or the student's parent has died.

Date of death: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Provide copy of death certificate.
- Provide copies of all income statements (ex. W-2s or 1099s) for student and spouse or both parents

Other catastrophic event in 2018 or 2019 not covered by situations listed on this form.

Date of catastrophic event: Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

- Provide a detailed statement of situation with this form.
- Provide copies of current bills, copies of receipts of payments, or copy of payment plan/promissory note.
- Provide a copy of the statement(s) from the insurance company of any paid or denied claims.

**Certification statement**

By signing, I certify that all information reported is complete and accurate.

\_\_\_\_\_  
 Student Signature (required)                      Date                      Parent Signature (required for dependent students)                      Date

**Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.**

<b>Office Use Only</b>	Date form and documents received: _____
Reviewed By: _____	<input type="checkbox"/> Approved
Date: _____	<input type="checkbox"/> Denied
Approved Changes or reason for denial: _____	
_____	
_____	
_____	