



2020-2021 Special Condition Application

Student is: Dependent Independent

Requesting: FAFSA Change Cost of Attendance Increase

Student Name:	Student ID#:
Phone Number:	Date of Birth:

This form may be used for the 2020-2021 award year if there has been a change in your family's and/or your financial situation that may impact your ability to pay for your education. The following are some examples *and* documentation you may need.

Change in Income – (Please choose all that apply.)

I am requesting a change to my **FAFSA** information due to:

Involuntary Loss of Job or Benefits

2019 IRS Tax Return Transcript (TRT) *or* signed 1040 Form

Change in Marital Status

Married/Remarried: Copy of the Marriage License
Student & Spouse's 2018 IRS TRT *or* signed 1040 Form

Separation/Divorce: Separation Documentation or Divorce Decree
Student & Spouse's 2018 W2s & IRS TRT *or* signed 1040 Form

Death of a Spouse/Parent

Copy of the Obituary or Death Certificate

Additional Family/School Expenses – (Please choose all that apply.)

I am requesting a change to my **Cost of Attendance** due to:

Credit Overload/Actual Fees (Attach Student Bill)

Credit hours enrolled: _____ Fall 2020 Spring 2021 Summer 2021

Dependent Care

Facility Name: _____

\$ Amount: \$ _____ per week / per month

Attach a signed statement from the facility manager detailing your weekly or monthly out-of-pocket pay.

If necessary, you may provide a typed, signed, and dated statement explaining your reason for requesting an adjustment to your FAFSA. Include specific dates and attach any documentation necessary to support your case.

My signature certifies that everything I have stated is true to the best of my knowledge. Should the Office of Financial Aid find anything provided in support of my request to be inaccurate, I understand that my request will be denied.

Student's Signature

Date

Parent's Signature (Dependent Students Only)

Date

OFFICE USE ONLY: Approved: _____ Denied: _____ Signature: _____ Date: _____
Comments