



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date of Birth

## 2020-2021 Special Conditions Application - Dependent

This form may be used for the 2020 - 2021 school year if you feel that the FAFSA does not adequately reflect your financial condition. Please attach any documentation of your circumstances (receipts, unemployment verification, etc.) that will assist in reviewing your circumstance.

### **A: Special Circumstances** please check the appropriate box

- A parent incurred a reduction in income in 2019 or 2020. Please explain the circumstances in Part B and attach proof (i.e. last paystub, termination letter, unemployment benefits information)
  - Date of Change \_\_\_\_\_
  
- You have already applied for Federal Student Aid using 2018 financial data, and since that time, your parents have separated, divorced or a parent has died. (Attach a copy of divorce/separation decree or death certificate.)
  - Select one: Separation      Divorce      Deceased
  - Date of separation, divorce or death \_\_\_\_\_
  - Attach tax forms detailing your and your parents' income.
  
- Your family incurred a large amount of medical or non-cosmetic dental expenses (out of pocket).
  - Total medical expenses incurred in 2019 \_\_\_\_\_ (please attach schedule A)
  - Amount paid by insurance \_\_\_\_\_
  - Amount paid out of pocket \_\_\_\_\_
  
- Your family incurred expenses paid for elementary, junior high, or high school tuition or home school curriculum for family members other than the student listed above. Please do not include any tuition paid by scholarships.
  - Amount incurred during the current school year \_\_\_\_\_ (attach statement from school)
  
- Your parent(s) will be attending college at least half-time (6 hours) during at least one semester for the 2020-2021 school year.
  - Number of parent(s) enrolled \_\_\_\_\_
  - Total cost \_\_\_\_\_ (attach statement from school)
  
- Your parents have incurred debt due to a parent or dependent child that is **no longer** enrolled in college.
  - Monthly Payment \_\_\_\_\_ (attach documentation from lender)
  
- Other. Please explain in Part B.

### **B: Additional Information** Please explain circumstances that are causing financial hardship. Provide complete explanation using dates and dollar figures where appropriate.

## C: Estimated 2020 Income

If you are requesting special consideration due to a change in family income for any reason, you must provide complete information regarding estimates of income for January 1, 2020 through December 31, 2021. Please provide the best estimates possible. Additional documentation may be required.

	<u>Student</u>	<u>Father</u>	<u>Mother</u>
1. <b>Estimated income</b> earned from work January 1, 2020 - December 31, 2021	_____	_____	_____
2. *Unemployment benefits for 2020	_____	_____	_____
3. Social Security benefits for 2020	_____	_____	_____
4. List amounts received in 2020 for child support, minister's allowance (include value of rent free housing), military rations, housing allowance, Foreign Income Exclusion or any other income <b>NOT</b> reported as Taxable income. Also list any payments made to a deferred pension (e.g., 401k).	_____	_____	_____

\*Due to COVID-19, many families experienced (or are still experiencing) furloughs and layoffs. For some, unemployment benefits were available at full income loss for four months. For others this was not the case, they either received a lesser amount or no unemployment. OC's Financial Service needs a clear picture of your 2020 income and this includes what was earned through unemployment. If you need to explain your COVID-19 Quarantine financial situation further, please use the box below.

Unemployment Due to COVID-19/Quarantine

## D: Certification to be completed by all students

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof (which may include a US Tax Transcript) of the information that I have given on this form. I realize that if I do not give proof when asked, there will be no recalculation of financial aid eligibility.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date