



SPECIAL CONDITION FORM

2018-2019

Return to: Financial Aid Office
Truman State University
McClain Hall 103
Kirksville, MO 63501
Fax: 660-785-7389
Email: finaid@truman.edu

Family income from the 2016 tax year is used in determining eligibility for student financial aid in the 2018-2019 academic year. However, family income is sometimes drastically reduced due to situations beyond the family's control. In such cases, more current information may be used to assess financial need. **The results of a 2018-2019 Free Application for Federal Student Aid (FAFSA) must be on file with the Truman Financial Aid Office before a Special Condition can be reviewed for adjustments. Also, if your FAFSA has been selected for verification, the government requires that process be completed before special condition adjustments are made by the Financial Aid Office.**

Please complete all sections, including signatures, and attach supporting documentation. Students will receive an initial award notice based on the results of the most recent FAFSA on file. After the verification is completed (if selected), processing of Special Condition Forms will begin with results sent within 4-6 weeks.

Section A: Student Information

Name _____ Student ID# _____

Student Email Address _____ Student Phone Number _____

Section B: Parental Information *(as provided on FAFSA)*

Father/Stepfather's Name _____

Mother/Stepmother's Name _____

Parent Address _____
Street City State Zip

Parent Email Address* _____ Parent Phone Number _____

*By providing an e-mail address, you are authorizing the Truman State University Financial Aid Office to communicate through email. Please do not provide an email address if you do not check your email account regularly.

OFFICE USE ONLY

Prior Year Special Condition: Yes _____ No _____ Old EFC _____ New EFC _____

Special Conditions — Approved / Denied Administrator _____ Date: _____

Comments: _____

Section C: Special Condition

Identify your special condition by checking each category which pertains to you.

☐ **Option 1: Death of a parent—Please provide the following:**

- Relationship to student: _____
- A copy of the death certificate or obituary
- A copy of your parent 2016 and 2017 IRS Federal Tax Return
- A copy of all parent 2016 and 2017 W-2 forms

☐ **Option 2: Separation or divorce of parent—Please provide the following:**

- Month/Year of separation: _____
- A copy of your parent 2016 and 2017 IRS Federal Tax Return
- A copy of all parent 2016 and 2017 W-2 forms

☐ **Option 3: Permanent and total disability suffered—Please provide the following:**

- Documentation showing year-to-date income received (last pay stub if applicable)
- Disability benefit statement from Social Security Administration
- A copy of your parent 2016 and 2017 IRS Federal Tax Return
- A copy of all parent 2016 and 2017 W-2 forms

☐ **Option 4: Loss or reduction of income—Please provide the following:**

Unemployment will only be considered after a period of continuous unemployment for 8 weeks

- A dated letter of resignation or termination
- Documentation showing year-to-date income received (last pay stub if applicable)
- Documentation of benefits from Unemployment Administration showing monthly benefits or denial of benefits, if applicable
- Documentation of severance, if applicable
- A copy of your parent 2016 and 2017 IRS Federal Tax Return
- A copy of all parent 2016 and 2017 W-2 forms

☐ **Option 5: Reduction or loss of benefits —Please provide the following:**

- Type of benefit: _____
- Date reduction or loss occurred: _____
- A copy of supporting documentation showing the reduction
- A copy of your parent 2016 and 2017 IRS Federal Tax Return
- A copy of all parent 2016 and 2017 W-2 forms

☐ **Option 6: One time income received that will not be received next year—Please provide the following:**

- A copy of supporting documentation showing the one time occurrence
- A copy of your parent 2016 and 2017 IRS Federal Tax Return
- A copy of all parent 2016 and 2017 W-2 forms
- Explanation of why funds are not available for educational purposes

- ☐ **Option 7: Excessive Medical/Dental Expenses** (exceeds 10% of AGI)—**Please provide the following:**
- Explain in the summary section why your unreimbursed medical payments were unusually high
 - A copy of your parent 2016 and 2017 IRS Federal Tax Return
 - A copy of all parent 2016 and 2017 W-2 forms
 - A copy of the parent Schedule A of the Federal Income Tax Return if applicable, or receipts for unreimbursed medical and dental payments (Do not send copies of bills, only proof of payment)
- ☐ **Option 8: Tuition Expenses for Elementary/Secondary Education** (exceeds 10% of AGI, tuition paid for the student who is entering college cannot be included) —**Please provide the following:**
- Name of child for which tuition was paid: _____
 - Documentation of 2016 or 2017 tuition
 - Documentation of any financial aid/tuition assistance
 - A copy of your parent 2016 and 2017 IRS Federal Tax Return
 - A copy of all parent 2016 and 2017 W-2 forms
- ☐ **Option 9: Parent in college** (parent must be attending at least half-time) —**Please provide the following:**
- College Enrollment Verification Form showing number of hours enrolled and degree status
*Contact the Truman Financial Aid Office for form

Section D: Household Information

List all people who will be in your parent's household from July 1, 2018 through June 30, 2019.

Name	Relationship to Student	Age	College/Elementary/Secondary School Attending

Section E: Certification

I certify that the information provided is true and complete to the best of my knowledge. I agree to provide additional proof of the information that I have given on this form if asked to do so by the Financial Aid Office.

Student's Signature _____ Date _____

Father/Stepfather's Signature _____ Date _____

Mother/Stepmother's Signature _____ Date _____

Section F: Summary

Summarize your special circumstances below. Be sure to include all applicable dates and attach additional pages and documentation if necessary.

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