

**You have indicated to the Financial Aid Office that you and/or your family have had a significant change in your financial situation during 2002. The Financial Aid Office may be able to re-evaluate your eligibility for financial aid for the 2002-2003 academic year. This review will be based upon the information you provide through a process called Special Conditions. Circumstances which may result in the adjusting of your family contribution include:**

- loss of untaxed income or benefits in 2002 – for example, social security, child support or unemployment compensation
- loss of one-time income received during 2001 – for example, IRA, capital gains or moving allowance
- loss of earning in 2002 due to a loss of job, change of job, reduction in pay, disability, natural disaster or involuntary retirement (loss of overtime and voluntary retirement are not considered)
- loss of taxed income such as alimony
- financial support for elderly relatives – for example, nursing home costs
- payment of medical and dental expenses not covered by health insurance but paid by student/parent in 2001 or 2002 – amount paid by student/parent must be over 11 percent of total income before adjustment will be made to family contribution
- separation, divorce or death of parent/spouse after Free Application for Federal Student Aid (FAFSA) is filed
- parent of dependent student is attending college at least half-time

If you and your family meet one of the criteria listed above, or if you have another extenuating circumstance that we should consider, explain the situation on the back of this form and mail it to the Financial Aid Office. Once this form is reviewed, you will be sent a letter requesting the additional documentation and information we need to make the necessary changes to your expected family contribution.

If you have any questions, please contact the Financial Aid Office on the Toledo-area Campus at 419/661-7343 or 1-800-GO-OWENS, Ext. 7343. On the Findlay Campus, call 419/429-3540 or 1-800-FINDLAY, Ext. 3540.



# Special Conditions Required Documents

Circumstances which may result in the adjusting of your family contribution and the documentation required to process the special condition are listed below. Please submit the documentation along with the special conditions application to the Financial Aid Office. Additional documentation could be requested.

## **Circumstance**

## **Documentation To Be Provided**

### **Loss of untaxed income/benefits in 2002. For example, the loss of:**

Social Security

A copy of the Social Security termination letter, a copy of the most recent Social Security benefit letter and a copy of your 2001 federal tax return.

Child Support

The court or child services agency document stating the date of termination and the amount of monthly benefit received.

Unemployment Compensation

A copy of the unemployment compensation termination letter, a copy of the unemployment benefit letter and a copy of your 2001 federal tax return.

Worker's Compensation

A copy of the Worker's Compensation termination letter, documentation of the monthly benefit received and a copy of your 2001 federal tax return.

### **Loss of one-time income received during 2001. For example:**

Withdrawal from IRA, 401K or other pension programs

A copy of your 2001 federal tax return and source of the pension withdrawal. Also include an explanation of why the funds were withdrawn.

### **Loss of earning in 2002 due to one of the following:**

Loss of job

A copy of your last pay stub and a letter from your prior employer stating the last day worked. Also include a copy of your unemployment eligibility determination notice and a copy of your 2001 federal tax return.

Change in job (reduction in pay)

A copy of your last pay stub from your prior employer and a letter from them stating the last day worked. Also include a copy of your most recent pay stub from your current employer, a letter from your current employer confirming your day of hire and a rate of pay, and a copy of your 2001 federal tax return.

Disability

A letter from a doctor confirming the disability and the prognosis for returning to work. Also include a letter from Social Security or an insurance agency stating the amount of monthly disability benefits you will receive, a copy of your last pay stub and a copy of your 2001 federal tax return.

**Loss of taxed income. For example:**

Alimony

A copy of court documents stating the amount of monthly alimony payments received, the termination date of alimony payments and a copy of your 2001 federal tax return.

**Payments made or debt incurred due to one of the following:**

Nursing home costs associated with dependent elderly relatives in 2001 or 2002.

Copies of nursing home bills and copies of canceled checks documenting payments made by you in 2001 or 2002.

Medical/dental expenses not covered by health insurance but paid by student/parent in 2001 or 2002. Amount paid must be at least 11 percent of family's adjusted gross income.

Copies of canceled checks showing the amount of medical bills paid in 2001 or 2002 that were not covered by health insurance or a copy of your 2001 tax schedule A.

**Separation or divorce**

A copy of the divorce or legal separation papers or a letter from an attorney stating marital status or documentation confirming separate residences. Also include a copy of your 2001 federal tax return and W-2 form(s).

**Death of a parent or spouse**

A copy of the death certificate. If parent, include a copy of their 2001 federal tax return and W-2 form(s). If spouse, include a copy of your 2001 federal tax return and W-2 form(s).

**Parent attending college**

Documentation from the college the parent is attending verifying enrollment status and tuition cost.