

2020-2021 SPECIAL CONDITIONS FORM

If you feel you have special circumstances that were not reflected on the FAFSA, you may use this form to notify the Financial Aid Office. We will review your situation on an individual basis and will determine if a professional judgement is warranted. There is no guarantee additional aid will be awarded. If you are an undergraduate and resident of Pennsylvania, contact PHEAA at 1-800-692-7392 concerning state grant. Special Conditions forms processed by the university do not impact state grant eligibility. If you have questions, contact the Financial Aid Office at 412-578-6389.

Student's Name _____ Student's Carlow ID# _____

Section 1 - Indicate the reason for your request and follow **applicable instructions**. Please read instructions carefully.

Check	Reason	Instructions
	My/spouse 2019 income was less than 2018 income	<input type="checkbox"/> Attach signed copy of 2018 tax return unless Data Retrieval Tool was used <input type="checkbox"/> Attach signed copy of 2019 tax return and W2 wage statements <input type="checkbox"/> Complete the certification in Section 4
	My parent's 2019 income was less than 2018 income	<input type="checkbox"/> Attach signed copy of 2018 tax return unless Data Retrieval Tool was used <input type="checkbox"/> Attach signed copy of 2019 tax return and W2 wage statements <input type="checkbox"/> Complete the certification in Section 4
	My/spouse 2020 income will be less than 2018 income	<input type="checkbox"/> Attach signed copy of 2018 tax return unless Data Retrieval Tool was used <input type="checkbox"/> Provide anticipated income in Section 2. <input type="checkbox"/> Provide explanation in Section 3 <input type="checkbox"/> Complete the certification in Section 4
	My parent's 2020 income will be less than 2018 income	<input type="checkbox"/> Attach signed copy of 2018 tax return unless Data Retrieval Tool was used <input type="checkbox"/> Provide anticipated income in Section 2 <input type="checkbox"/> Provide explanation in Section 3 <input type="checkbox"/> Complete the certification in Section 4
	Loss of one-time income <input type="checkbox"/> Student/spouse <input type="checkbox"/> Parents	<input type="checkbox"/> Attach pertinent documentation <input type="checkbox"/> Provide explanation in Section 3 <input type="checkbox"/> Complete the certification in Section 4
	Unusual Medical/Dental Expenses for <input type="checkbox"/> Student/spouse <input type="checkbox"/> Parents	<input type="checkbox"/> Attach documentation of amounts paid in 2018, not covered by insurance <input type="checkbox"/> Attach signed copy of 2018 tax return along with all schedules <input type="checkbox"/> Provide explanation in Section 3 <input type="checkbox"/> Complete the certification in Section 4
	Divorce/separation after 2020-21 FAFSA was filed <input type="checkbox"/> Student/spouse <input type="checkbox"/> Parents	<input type="checkbox"/> Attach copy of divorce decree or documentation to verify separate addresses of student/spouse or parent 1/parent 2 <input type="checkbox"/> Attach signed copy of 2018 tax return unless Data Retrieval Tool was used <input type="checkbox"/> Attach copies of 2018 W2 Wage Statements for student or custodial parent <input type="checkbox"/> Provide explanation in Section 3 <input type="checkbox"/> Complete the certification in Section 4
	Death of <input type="checkbox"/> parent <input type="checkbox"/> spouse after 2020-21 FAFSA was filed	<input type="checkbox"/> Attach copy of death certificate <input type="checkbox"/> Attach signed copy of 2018 tax return unless Data Retrieval Tool was used <input type="checkbox"/> Attach copies of all 2018 W2 Wage Statements for student/surviving parent <input type="checkbox"/> Provide explanation in Section 3 <input type="checkbox"/> Complete the certification in Section 4
	Other extenuating circumstances	<input type="checkbox"/> Contact the Financial Aid Office for further guidance

Section 2 – Complete the student/spouse section if you are independent and the parent section if dependent. Provide a value for each line item, even if \$0. Values should reflect PROJECTED annual amounts for 1/1/20 – 12/31/20.

PROJECTED 2020 INCOME. DO NOT LEAVE ANY ITEM BLANK	Student/Spouse	Parents
1. Student's wages, salaries, tips	\$	\$
2. Spouse's wages, salaries, tips (if married)	\$	\$
3. Parent 1 wages, salaries, tips (if dependent)	\$	\$
4. Parent 2 wages, salaries, tips (if dependent)	\$	\$
5. Severance pay	\$	\$
6. Taxable portions of pensions, annuities, 401(k), and/or IRA distributions	\$	\$
7. Taxable portions of interest and dividend income	\$	\$
8. Business or farm income	\$	\$
9. Capital gains	\$	\$
10. income that will be received from rents after expenses paid for mortgage interest, taxes and insurance	\$	\$
11. Alimony which will be received	\$	\$
12. Unemployment compensation	\$	\$
13. Taxable portions of all Social Security benefits	\$	\$
14. Other taxable income	\$	\$
Projected 2020 Untaxed Income	Student/Spouse	Parents
1. Payments to tax-deferred pension & savings plan (paid directly or withheld from earnings), including, but not limited to, amounts which would be reported on the W-2 forms in Boxes 12a through 12d, codes D,E,F,G,H, and S.	\$	\$
2. IRA deductions & payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$	\$
3. Child Support which will be received	\$	\$
4. Tax exempt interest income	\$	\$
5. Untaxed portions of IRA or pension distributions	\$	\$
6. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$	\$
7. Veterans' non-education benefits	\$	\$
8. Worker's Compensation	\$	\$
9. Other untaxed income	\$	\$

