



SPECIAL CONDITION APPLICATION 2024-2025

Please use this application to document any special conditions you may have. Special conditions may entail changes in your financial situation or your family's financial situation since 2022 or since you filed the 2024-2025 Free Application for Federal Student Aid (FAFSA). The Office of Financial Aid will review this application to determine if any adjustments need to be made to either your FAFSA and/or Financial Aid Award. **Please note:** The Office of Financial Aid's authority to make adjustments is limited. We also reserve the right to not make any adjustments and/or request additional information or documentation.

Student Name: _____

Student ID: _____ Date of Application: _____

Number in Household: _____ Number in College (include St. Bonaventure student): _____

PART I: Please describe your family's financial situation below and provide supporting documentation.

Before an adjustment can be considered, you must provide complete information regarding your financial estimates for the period January 1, 2024 to December 31, 2024 in PART II.

Dependent Students: Provide financial estimates for your parents. If your parents are separated or divorced give only the information of the custodial parent. If the loss of income was due to the death of your parent, give only information regarding your surviving parent.

Independent Students: Provide financial estimates for you and your spouse. If you are divorced or separated, give only your information. If the loss of income was due to the death of your spouse, provide only your information in the estimates.

Provide annual amounts only and fill in all sections completely. If income will not be received in 2024 from any of the sources listed, please enter a zero for that source.

When completing below, you may include copies of 2022 Federal tax returns and W-2 forms for the individuals whose financial situation has changed (parent(s), student, and/or spouse). Contact the Office of Financial Aid for secure transmission.

PART II: Please estimate the expected income between January 1, 2024 and December 31, 2024.

ANTICIPATED INCOME FOR 1/24 TO 12/24	DEPENDENT STUDENT		INDEPENDENT STUDENT	
	FATHER	MOTHER	STUDENT	SPOUSE
Wages, salaries, tips _____				
Other taxable income:				
Interest/dividend income _____				
Unemployment compensation _____				
Severance Pay _____				
Social Security income _____				
Alimony _____				
Capital Gains _____				
Income from business/farm/real estate, etc. _____				
Pensions/IRA distributions _____				
Other taxable income, specify: _____				

Social Security income (untaxed) _____				
AFDC/ADC or TANF _____				
Child Support received _____				
Worker's Compensation _____				
Disability Benefits _____				
Other untaxed income, please specify: _____				

PART III: Certification

All of the information on this form is accurate and complete to the best of my knowledge at this time. Further documentation may be requested and may include a copy of federal tax returns and/or W-2s. If I do not provide further documentation if requested, adjustments may not be processed.

Parent(s) Signature _____ Date: _____ Phone: _____

Student Signature _____ Date: _____ Phone: _____

Spouse Signature _____ Date: _____ Phone: _____

OFFICE USE ONLY

Approved / Denied (circle one)

Reason: _____

Staff: _____ Date: _____