



SPECIAL CONDITION APPLICATION 2020-2021

If your financial situation or your family's financial situation has changed since 2018 or since you filed the Free Application for Federal Student Aid (FAFSA) for 2020-2021, please use this form to document any special conditions you may have. The St. Bonaventure University Financial Aid Office will review this form to determine if a change in your financial aid needs to be made. Our office will notify you of our decision. **Please note:** The Financial Aid Office's authority to make changes is limited. We also reserve the right to deny an appeal for special consideration and/or request additional documentation based on the information provided on this form.

Student's Name: _____

Student's Social Security Number: _____ Date of Application: _____

Please describe your family's financial situation below and provide supporting documentation. If additional space is needed attach any additional pages describing your circumstances.

Before an adjustment can be made to your status, you must provide complete information regarding your financial estimates for the period January 1, 2020 to December 31, 2020 on the reverse side of this form.

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.

Please complete the income questions and the certification on the reverse side. This form will be returned to you if you do not provide detailed information. When completed please return this form and copies of 2018 Federal tax returns and W-2 forms for the individuals whose financial situation has changed (parent(s), self, and/or spouse) to the Office of Financial Aid at St. Bonaventure University.

PART II: Please estimate the expected income between January 1, 2020 and December 31, 2020.

Estimate as closely as you can the total amount expected to be received from each source in 2020. **Give annual amounts only. Please fill in all sections completely. NOTE: If income will not be received in 2020 from any of the sources listed, please enter a zero for that source.**

ANTICIPATED INCOME FOR 1/20 TO 12/20	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: _____				

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

PART III: CERTIFICATION

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 of the information that I have given on this form. I realize that this proof may include a copy of my federal income tax return. I also realize that if I do not give proof when asked, the student's financial aid may not be processed.

Student's Signature _____ Date: _____ Phone: _____

Spouse's Signature _____ Date: _____ Phone: _____

Parent's Signature _____ Date: _____ Phone: _____

PART IV: FOR OFFICE USE ONLY

Action Taken: _____

Signature: _____ Date: _____

AGI: _____

St.W: _____

C.S.: _____

Tax: _____

Sp.W: _____

EIC: _____

F.W. _____

S.S.: _____

M.W. _____

Oth: _____