

Section I: Student Information

Student Name: _____ SSN: XXX-XX-_____

Phone Number: _____ Email: _____

Sometimes the information filed on the FAFSA does not reflect the current financial situation or take into account an unusual circumstance with you and/or your family. If your family’s financial situation has changed from what was reported on the 2017-18 FAFSA you may use this form to request an evaluation of the financial aid eligibility. In certain circumstances, Trine University’s Office of Financial Aid may use professional judgment, on a case-by-case basis, to adjust the information you filed on your FAFSA so it better reflects your current situation. **Complete this form only if you have already submitted the 2017-18 FAFSA. NOTE: Even if an adjustment to the FAFSA is made, it may not result in additional aid.**

You must complete all of the following steps before this application will be reviewed:

- Step 1: Be accepted for Admission into a degree seeking program
- Step 2: If selected, Verification must be completed prior to any special conditions review
- Step 3: Attach a detailed letter explaining the change in your family’s circumstances (one page maximum)
- Step 4: Complete all sections of the Special Conditions Appeal Form. Do not leave any items blank. If a value does not apply to you, enter zero. If a section is left blank, this form will be considered incomplete and cannot be reviewed.
- Step 5: Attach all copies of requested documentation based on your family’s special condition. Do not submit original documents as they will not be released back to the student or parent/spouse.
- Step 6: Provide a copy of all 2015 Federal 1040 Tax Returns and all applicable w2’s

Timeline for Processing Special Conditions Appeal Forms:

The time needed to process these special situations can depend on several factors including the time of year, the volume of requests and receipt of required documentation, and, if required, resubmission of data to the U. S. Department of Education. Please follow all instructions completely as missing information will delay the review of your appeal. You will be notified by email of the decision of this appeal. Also, if additional information is being requested, you will be contacted by email. Appeals can take up to 30 working days to complete.

It is our policy **not to consider** a reduction in income for the following circumstances:

- Expenses related to personal living (payments on any consumer loan, payment on student or PLUS Loans, payments on back taxes owed to the IRS, credit card bills due to discretionary purchases, other miscellaneous consumer expenses)
- Bankruptcy, foreclosures or collection costs associated with outstanding debt
- Debt Forgiveness that reflects as income on a tax return
- Lottery or gambling winnings or losses
- Income annually reported on line 17 of your Federal 1040 Tax Return
- Costs of college expenses incurred for a sibling seeking a degree, a parent seeking an advanced degree, or college courses taken while in high school
- Expenses resulting from illegal activity

If you are not certain whether your circumstances can be considered for review, please contact our office.

Section II: Special Conditions

Complete the items below by providing **all** applicable documents listed under each condition that applies to you. Indicate the date that this change occurred. *(You may select more than one item.)*

A. Loss of Employment/Reduction in Wages or Income		
Check the individual who had a loss/reduction of employment or wages and date that this occurred. Required Documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of 2016 federal income tax forms and all applicable w2's <input type="checkbox"/> Copy of most recent paystub from previous job <input type="checkbox"/> Copy of most three recent pay stubs from current job <input type="checkbox"/> Attach letter from employer regarding job loss or change in job status <input type="checkbox"/> Attach documentation of unemployment benefits 	Individual	Date of loss
	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Father(step) <input type="checkbox"/> Mother(step)	_____

B. Loss of benefits (unemployment, alimony) or loss of untaxed income (Disability SSI, Child Support, Workers Comp, etc.)		
Check the individual who lost benefits or untaxed income and the date this occurred Type of benefit reduced/lost: _____ Required Documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Letter from unemployment office stating start/end dates of benefit and amount and/or <input type="checkbox"/> Court document stating start/end dates of alimony benefit and amount and/or <input type="checkbox"/> Letter from Social Security Administration documenting the start/end dates and amount of SS benefits and/or <input type="checkbox"/> Letter from court documenting start/end dates and amounts of child support, and/or <input type="checkbox"/> Letter from Bureau of Worker's Compensation stating start/end dates and amount 	Individual	Date of loss
	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Father(step) <input type="checkbox"/> Mother(step)	_____

C. Separation or Divorce since completion of 2017-18 FAFSA		
<input type="checkbox"/> I am a student who has already applied for Federal Student aid as being married, but I have separated or divorced since that time <input type="checkbox"/> I am a student who has already applied for Federal Student aid, but my parents have separated or divorced since that time. Required Documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Letter from lawyer stating the effective date of separation, or a <input type="checkbox"/> Copy of divorce decree (if no formal agreement is initiated, please document separate residences.) <input type="checkbox"/> Copy of 2016 Federal Tax Form and all applicable w2's 	My...	Date of
	<input type="checkbox"/> Separation <input type="checkbox"/> Divorce <input type="checkbox"/> Parent's Separation <input type="checkbox"/> Parent's Divorce	_____

D. Death of Parent or Spouse		
<input type="checkbox"/> I am a student who has already applied for Federal Student aid as being married but, since that time my spouse has become deceased. <input type="checkbox"/> I am a student who has already applied for Federal Student aid but, since that time one of my parents has become deceased. Required Documentation: <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Death Certificate <input type="checkbox"/> Copy of 2016 federal tax forms and applicable w2's 	My...	Date of
	<input type="checkbox"/> Spouse's Death <input type="checkbox"/> Parent's Death	_____

E. High Medical Expenses not paid by insurance during Calendar year 2017**Note: You may request an adjustment only if you paid over 11% of your adjusted gross income****Required Documentation:**

- Attach a copy of medical, dental and pharmacy bills that were paid out of pocket in calendar year 2017.
- Receipts
- Copy of 2016 federal tax forms and all applicable w2's
- Copy of 2016 Schedule A is also required

F. Lump Sum/One time Income**Required Documentation:**

- Detailed letter explaining source of the one-time income that you do not anticipate to receive again
- Supporting documentation such as tax return showing rollover or receipts detailing how money was used

G. Other: Please describe and provide documentation to support your change in circumstances**Section III: Projected 2017 Income Information**

Report all actual/anticipated taxable and nontaxable 2017 income (from January 1, 2017 to December 31, 2017). Answer these questions as accurately as you can. If a question does not apply or you don't expect to receive any income from that source, write in "0." Round amounts to the nearest dollar.

2017 Taxable Income	Student (and Spouse)	Parent/Step Parent
Income earned from work (wages, salaries, tips)	\$	\$
Unemployment Compensation	\$	\$
Other Taxable Income (Include interest, dividends, alimony, rents, royalties, business income, etc.)	\$	\$
Total Taxable Income	\$	\$
2017 Non-Taxable Income		
Earned Income Credit	\$	\$
Social Security Benefits	\$	\$
Child Support	\$	\$
Veterans Non-Educational benefits	\$	\$
Other Untaxed Income (Include Workman's Compensation, Black Lung Benefits etc.)		
Cash, Checking and Savings	\$	\$
Total Non-Taxable Income	\$	\$

Under the Higher Education Act of 1965, the Financial Aid Office has full discretion under the Professional Judgment clause to either approve or deny requests as they determine appropriate. An aid administrator's decision regarding adjustments is final and cannot be appealed to the Department of Education.

The approval of your special conditions request does not in any way, guarantee your eligibility for financial aid. For some students already receiving maximum awards, the financial aid amount may not change following Special Conditions approval. Please realize that financial aid was created to supplement the expected family contribution, as determined by the U.S. Department of Education and not to replace it. Each family will have to finance their share of college costs using different combinations of savings, current income and future income depending on their unique situation.

We cannot revise financial aid because a family or student experiences a short-term cash flow problem occasioned by such things as a purchase of a new home, high credit card debt, remodeling, repairs, or the purchase of consumer durable items such as automobiles or appliances. We cannot revise aid because family assets are not liquid nor because families make investment or business decisions, which tie up capital.

Section IV: CERTIFICATION

Each person signing this form certifies that all the information reported on it is complete and correct. The student and at least one parent, if applicable, must sign and date.

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student: _____ Date: _____

Parent/Spouse: _____ Date: _____

Please return to:

**Trine University
Financial Aid Office
1 University Ave
Angola, IN 46703**

Phone: 800-347-4878, Option 3
Fax: 260-665-4511
Email: finaid@trine.edu

OFFICE USE ONLY

Prior Year Special Condition: Yes _____ No _____ Comments _____

Not Eligible for Special Condition _____

Special Condition Denied _____

Special Condition Approved _____

Old EFC _____ New EFC _____

Administrator _____ Date _____