

2024-2025 SPECIAL CONDITIONS FORM

PLEASE PRINT:

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address \_\_\_\_\_

Parent's Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Aid Year for which you are requesting adjustment: \_\_\_\_\_

WHAT CAUSED THE LOSS/DROP OF INCOME?

\_\_\_\_ Retirement (attach documentation of the retirement along with documentation of income)

\_\_\_\_ Divorce or Separation \_\_\_\_\_ Date of Divorce/Separation \_\_\_\_\_

(Provide court documentation and W-2s of both parties and signed Federal Income Tax Return for the year that was affected by the divorce/separation)

\_\_\_\_ Loss of Other Source(s) of Income By:

\_\_\_\_ Student \_\_\_\_ Spouse \_\_\_\_ Parent(s) \_\_\_\_\_ Effective Date: \_\_\_\_\_

See following page for required documentation

\_\_\_\_ Loss of Employment By:

\_\_\_\_ Student \_\_\_\_ Spouse \_\_\_\_ Parent(s) \_\_\_\_\_ Effective Date: \_\_\_\_\_

See following page for required documentation

\_\_\_\_ Expenses due to serious illness: Attach supporting documents from physician or medical facility.

(Decision is based upon medical expenses paid in your most recent tax year and must be documented and is 11% or more of your Adjusted Gross Income. Due to HIPPA rules, do NOT submit medical documents. Get statements from the medical facilities of your outstanding amount owed and they need to document if insurance has paid or not.)

\_\_\_\_ Death of:

\_\_\_\_ Spouse \_\_\_\_ Parent \_\_\_\_ Guardian \_\_\_\_\_ Date of Death: \_\_\_\_\_

(Attach supporting documentation along with documentation of current income, specifically all income from wages, life insurance, estate proceeds and any assets) See following page for additional documents.

\_\_\_\_ I am requesting an increase in cost of attendance for a study abroad opportunity

(Attach proof that the course(s) fulfills a degree requirement and official documentation of the trip costs)

\_\_\_\_ Other: (attach letter if needed) \_\_\_\_\_

\_\_\_\_ Married AFTER completing the FAFSA (must provide copy of marriage license, Signed copies of student's & spouse's 2022 federal tax return & Schedules 1, 2 & 3 (if filed) & all W-2s for student & spouse.)

**DOCUMENTATION FOR ALL INCOME ADJUSTMENT REQUESTS:**

**Submit a typed or legible explanation of your above marked adjustment(s) request. (All request)**

\*If income change was from **previous tax year (2023)**, please attach a copy of the following:

1. Signed copies of 2022 & 2023 Federal Tax Return and schedules 1, 2 and 3; **if filed**
2. Copies of W2s, 1099s and any other supporting documents to prove your Income reported on your tax returns for both years

\*If income change is in your **current year (2024)**, please attach a copy of the following:

1. Signed copies of 2022 & 2023 Federal Tax Return and schedules 1, 2 and 3; **if filed**
  2. Copies of W2s, 1099s and any other supporting documents to prove your Income reported on your tax returns for both years
  3. Letter from all **previous** employer(s) stating what your earnings were up to your last date of employment
  4. A letter from your **current** employer(s), stating what your earnings are up to the date of this form and what your expected earnings will be for the remainder of this calendar year
- or*
5. If unemployed, items 1-3, and attach proof of amount of unemployment compensation benefits and the end date of your benefits

If you didn't file taxes and/or work, a written statement stating you Did Not file taxes and why you were exempt from filing *and*

1. Documentation from all income source(s) stating when your benefits ended and what dollar amount was received for the year from the source that ended.

If submitting this form **after December 31, 2024**, you must also submit a **signed** copy of your 2024 1040 Federal Tax Return and Schedules 1, 2 and 3 (if filed) & all W2s and other documents supporting Income received.

**UNTAXED INCOME MUST BE DOCUMENTED FOR ALL INCOME ADJUSTMENT REQUESTS** (Include all untaxed resources including Alimony, Child Support, Vocational Rehabilitation, Social Security, Disability, Unemployment Benefits, cash received or bills paid on your behalf.)

Source(s)	Amount(s)	Current Assets (stocks, bonds, CDs, rental real estate value, cash, checking, and savings accounts)	
		Value if sold	Amount Owed
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Un-reimbursed Medical Expenses paid in the most recent tax year:** \$ \_\_\_\_\_ (Documentation of incurred and paid expenses **MUST** accompany this form & is 11% or more of your Adjusted Gross Income) **To comply with HIPPA Laws, please do NOT submit medical documents, instead submit a letter from the Medical facility owed giving us the amount you owe AFTER insurance has paid.**

How many people are in your household? \_\_\_\_\_ (include your spouse or partner, if applicable, and only those that receive 50% or more of their support from you during July 2024-June 2025)

**SIGNATURES:**

Student: \_\_\_\_\_ Date \_\_\_\_\_

Parent (*Dependent Student Only*) \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL AID OFFICE USE ONLY:**

Date Approved \_\_\_\_\_ Corrections Sent \_\_\_\_\_ RRAAREQ Updated \_\_\_\_\_  
 Date Denied \_\_\_\_\_ Date Email Sent to Student's UMW email account \_\_\_\_\_