

2025-2026 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 2023 federal tax return & Schedules 1, 2 & Form 8863 (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 years (2023 or 2024)**, please attach a copy of the following:
 1. Signed copies of 2023 & 2024 Federal Tax Return and schedules 1, 2 and Form 8863; **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 (2025)**, please attach a copy of the following:
 1. Signed copies of 2023 & 2024 Federal Tax Return and schedules 1, 2 and Form 8863; **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, 2025**, you must also submit a **signed** copy of your **2025** 1040 Federal Tax Return and Schedules 1, 2 and Form 8863 (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 2025-June 2026)

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 _____