

The University of Montana Western

SPECIAL CONDITIONS FORM

PLEASE PRINT:

Student's Name: _____ SSN: _____

Address: _____ City _____ State _____ Zip _____

Telephone: (____) _____ Cell #: _____

Aid Year for which you are requesting adjustment: _____

WHAT CAUSED THE LOSS/DROP OF INCOME? (CHECK ONLY ONE):

_____ **Retirement** (attach documentation of the retirement along with documentation of income)

_____ **Divorce or Separation** **Date of Divorce/Separation:** _____

(provide documentation or signed statement of separation **and** W-2s and signed Federal Income Tax transcription to separate income)

_____ **Loss of Full-Time Employment By:**

_____ **Student** _____ **Spouse** _____ **Parent(s)** **Effective Date:** _____

(**Documentation** of loss of income **MUST** be included. If pay stubs are used to show income reduction, 3 consecutive months of must be documented. Documentation of all **Unemployment compensation** must also be included)

_____ **Expenses due to serious Illness:** Attach supporting documents from physician.

(Decision is based upon medical expenses **both incurred and paid** in your most recent tax year and must be documented.)

_____ **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)

_____ **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)** _____

Over

TAXABLE INCOME MUST BE DOCUMENTED FOR ALL INCOME ADJUSTMENT REQUESTS: (CHECK ONLY ONE)

- _____ Please attach a copy of the most recent **Federal Tax Transcript** for the person who had the substantial drop in income along with **all W-2s**. Divorce or separation requires income information from **BOTH** parties.

- _____ Provide a **non-filers statement** for the person who had the substantial drop in income along with **your most recent W-2s from earnings from work**.

UNTAXED INCOME MUST BE DOCUMENTED FOR ALL INCOME ADJUSTMENT

REQUESTS: (Include **all** untaxed resources including Alimony, Child Support, Vocational Rehabilitation, Social Security, 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 both incurred and paid in the most recent tax year: \$ _____
 (Documentation of incurred and paid expenses **MUST** accompany this form)

How many people are in your household? _____

How many people are **now** in college at least half time? _____

COMMENTS (You may attach a signed letter if further explanation is required):

SIGNATURES:

Student: _____ Date _____

I certify that the incident described above occurred on ____/____/____.

Parent (Dependent Student Only) _____ Date _____

FINANCIAL AID OFFICE USE ONLY:

Decision _____

Date _____