



JEFFERSON COMMUNITY COLLEGE

2016-2017 SPECIAL CONDITIONS APPLICATION

If you or your family's financial situation has changed since 2015, please use this form to document any special conditions you may have. The Jefferson Community College 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 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. Application should be submitted a minimum of 8 weeks before the semester begins. The student must file the 2016-2017 Free Application for Federal Student Aid (FAFSA) before submitting this application for consideration.

Student's Name _____

Student ID: J _____ Date of Application _____

PART 1: You are applying for a Special Condition due to one of the following reasons. Please check the following circumstance(s), which best describe your family's financial situation. Indicate the date when the change occurred and provide supporting documentation. Also, in numbers 1, 2, or 4, designate whose situation has changed (i.e., father, mother, self, or spouse).

Date of change: _____

- 1) _____ Unemployment or change in employment (Whom: _____)
- 2) _____ Death of parent or spouse. (Whom: _____)
- 3) _____ Divorce/separation. (Provide earlier date: _____)
- 4) _____ Disability of parent or student/spouse. (Whom: _____)
- 5) _____ One time income benefit (What is the one time benefit you wish to have excluded? _____)
- 6) _____ Medical Expenses. Please list: _____
- 7) _____ Other. Please explain: _____

Before an adjustment can be made to your status you must provide complete information regarding your financial estimates for the period January 1, 2016 to December 31, 2017 on the reverse side of this form.

Dependent Students: Provide financial estimates for yourself and your parents. If your parents are separated or divorced give only 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 and attach appropriate documentation (see attached). This form may be returned to you if you do not provide detailed information.

When completed please return this form, IRS Transcripts of 2015 Federal tax returns and W-2 forms for all individuals (parent(s), self, and/or spouse) and the 2016-17 Verification Worksheet to:

**Financial Services & Student Records
Jefferson Community College
1220 Coffeen Street
Watertown, New York 13601**

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Part II: Please estimate the expected income between January 1, 2016 and December 31, 2016.

ANTICIPATED INCOME FOR 1/16 TO 12/16	FATHER	MOTHER	STUDENT	SPOUSE
Wages, salaries, tips (including disability Payments and any income from work)				
Other taxable income:				
Interest/dividend income				
Unemployment compensation				
Pension				
Alimony				
Social Security income				
Other Taxable Income, specify:				
Untaxed Social Security income				
AFDC/ADC or TANF				
Child Support received				
Worker's Compensation				
Disability Benefits				
Veteran's Non-education Benefits				
Other untaxed income, please specify:				

Estimate as closely as you can the total amount expected to be received from each source in 2016. Give annual amounts only. **NOTE: If income will not be received in 2016 from any of the sources listed, please enter a zero.**

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: _____

Spouse's Signature _____

Date: _____

Parent's Signature _____

Date: _____

Please Note:

Dependent students must have a parental signature.

Independent students must have spouse's signature if married.

SPECIAL CONDITIONS 2016-2017

REASON

REQUIRED DOCUMENTATION

- | | |
|--|---|
| 1. Unemployment or Change in Employment | <ul style="list-style-type: none">• Unemployment Benefits Statement.• Most recent pay stub. |
| 2. Separation or Divorce (must be separated for at least 3 months) | <ul style="list-style-type: none">• Legal separation or divorce paper or a document (lease, utility bill, etc.) showing separate residence. |
| 3. Medical Expenses | <ul style="list-style-type: none">• Proper documentation of expenses (hospital invoices, doctors' bills, etc.) along with a signed summary of all expenses paid for by the student (or parents) |
| 4. One Time Income Benefit | <ul style="list-style-type: none">• Signed letter explaining the benefit and what the income was used for. |
| 5. Death of a Parent or Spouse | <ul style="list-style-type: none">• Obituary or any related document. |
| 6. Disability | <ul style="list-style-type: none">• Physician's letter indicating the date and the extent of the disability. |
| 7. Other | <ul style="list-style-type: none">• Supporting documentation. |

In order to be evaluated for Special Conditions, the following verification items must be submitted in addition to the required documentation listed above.

- Student/Spouse and/or Parents 2015 Federal IRS Tax Transcript*
- Student/Spouse and/or Parents 2015 W2's (wage & earnings statements)
- 2016-2017 Verification Worksheet

***Please Note:** Only Tax Transcripts requested directly from the IRS can be accepted.
Copies of tax returns can no longer be used.