

Name _____ Student ID _____

This request is for the (select one):

- 2020–2021 Aid Year (Class work from July 1, 2020–June 30, 2021)
- 2021–2022 Aid Year (Class work from July 1, 2021–June 30, 2022)

Please indicate the reason/reasons below for which you are requesting a special conditions review:

- Loss of employment
- Business or farm closure
- Loss of untaxed income or benefit
- Parent/student newly disabled
- Parent/student separated or divorced after FAFSA was filed
- Other (please specify): _____
- Death of parent/spouse after FAFSA filing

The household income reflected on the FAFSA was approximately \$_____ and the household income is now

\$_____. Briefly describe the situation and indicate whether or not it is specifically due to the COVID-19 pandemic:

Student's Signature

Date

Parent's Signature (If applicable)

Date