

Name _____ Student ID _____

This request is for the (select one):

- 2018–2019 Aid Year (Class work from July 1, 2018–June 30, 2019)
- 2019–2020 Aid Year (Class work from July 1, 2019–June 30, 2020)

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

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

The household income in 20____ was approximately \$_____ and the household income is now

\$_____. Briefly describe the situation:

Student's Signature

Date

Parent's Signature (If applicable)

Date