

NORTHWEST VISTA COLLEGE

STUDENT FINANCIAL SERVICES

SPECIAL CONDITION INCOME REDUCTION APPEAL FORM (2009-2010)

The Special Condition / Income Reduction appeals process is designed to address family situations that have a significant impact on the student's and/or her family's ability to pay for a college education. These situations are unexpected in nature, for the most part, and represent extenuating family circumstances. Some situations are not completely unexpected, but are circumstances for which Federal regulations allow special consideration. Generally, the case is made that anticipated year 2009 income resources are lower than those reported in the 2008-2009 FAFSA for base year 2008.

For various reasons, not every situation will result in increased financial aid. Most situations are listed below. Simply follow the instructions and submit all required information.

Before you submit this request make sure that you meet the following requirements:

- A) Your processed **2009-10** Free Application for Federal Student Aid (FAFSA) must be in file with us.
- B) The special condition affecting your and your family's finances represents a minimum 10% drop in income. If your **2008** income was already low, an additional 10% drop may not be substantial enough. For families with higher incomes a substantial drop does not guarantee eligibility for aid as the formula considers the overall income, not the amount of the drop.
- C) This form must be properly completed (front and back).
- D) All required documentation must be submitted along with this form.
- E) Please make sure that you have signed and dated your written documents, tax forms, etc...

STUDENT'S NAME: _____ SSN# _____
DAYTIME TEL or CELL #: _____

I. Name of family member(s) with the Income Reduction: _____

⇒ The individual(s) is/are (check **all** that apply): _____ Student and _____ Spouse or _____ Parent (**if dependent**)

II. Check the reason for the income reduction:

- _____ 1. Unemployment.....Indicate date of unemployment: _____
- _____ 2. Change of employmentIndicate date of employment change: _____
- _____ 3. Divorce.....Indicate date of marital change: _____
* **You must provide a copy of your divorce decree.**
- _____ 4. Death of parent or spouse..... Indicate date of death: _____
* **You must provide a copy of a death certificate or obituary notice.**
- _____ 5. Disability of student/spouse or parent.....Indicate date of disability: _____
* **You must provide a doctor's letter or disability certification from Social Security Adm.**
- _____ 6. Discharged from the Armed Forces.....Indicate date of discharge: _____
 - **You must provide both copies of your DD214 indicating date and "character of service" type of discharge as well as submitting copies of your most recent monthly LES.**
- _____ 7. Other special situations that impact your annual income **for year 2009** by at least 10% that are not described by any categories above. For example: high medical expenses, tuition and fees paid for private K-12 school, or dependent/elderly care expenses not covered by other sources. **You must provide a full explanation with full documentation as part of item III.**

III. Submit a signed statement on separate paper providing important details about your situation. If you voluntarily resigned your employment (item 1) or *if you checked number 7 above, your statement must include information about your specific situation along with an itemized list (typed or printed) of your expenses. In addition, please submit proof of your out-of-pocket expenses such as copies of paid invoices, receipts, cancelled checks, or any other documents that prove your case.*

* COMPLETE THE BACK OF THIS FORM*

