

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 court documentation **and** W-2s of both parties and signed Federal Income Tax Return, for the year that was affected by the divorce, to separate income)

____ **Loss of Other Source(s) of Income By:**

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

See following page for required documentation

____ **Loss of Employment By:**

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

See following page for required documentation

____ **Expenses due to serious Illness:** Attach supporting documents from physician or medical facility.

(Decision is based upon medical expenses **paid** in your most recent tax year and must be documented and is 11% or more of your Adjusted Gross Income. Due to HIPPA rules, do NOT submit medical documents. Get statements from the medical facilities of your outstanding amount owed and they need to document if insurance has paid or not.)

____ **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) See following page for additional documents.

____ **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

DOCUMENTATION FOR ALL INCOME ADJUSTMENT REQUESTS:

*If income change was from **previous tax year (2019)**, please attach a copy of the following:

1. Signed copies of 2018 & 2019 Federal Tax Return and any schedules filed with them
2. Copies of W2s, 1099s and any other supporting documents to prove your Income reported on your tax returns for both years

*If income change is in your **current year (2020)**, please attach a copy of the following:

1. Signed copies of 2018 & 2019 Federal Tax Return and any schedules filed with them
 2. Copies of W2s, 1099s and any other supporting documents to prove your Income reported on your tax returns for both years
 3. Letter from all **previous** employer(s) stating what your earnings were up to your last date of employment
 4. A letter from your **current** employer(s), stating what your earnings are up to the date of this form and what your expected earnings will be for the remainder of this calendar year
- or**
5. If unemployed, items 1-3, and attach proof of amount of unemployment compensation benefits and when the date your benefits end

If you didn't file taxes and/or work, a written statement stating you Did Not file taxes and why you were exempt from filing **and**

1. Documentation from all income source(s) stating when your benefits ended and what dollar amount was received for the year from the source that ended.

UNTAXED INCOME MUST BE DOCUMENTED FOR ALL INCOME ADJUSTMENT REQUESTS

(Include **all** untaxed resources including Alimony, Child Support, Vocational Rehabilitation, Social Security, Disability, 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 paid in the most recent tax year: \$ _____ (Documentation of incurred and paid expenses **MUST** accompany this form & is 11% or more of your Adjusted Gross Income)

How many people are in your household? _____ (include your spouse or partner, if applicable, and only those that receive 50% or more of their support from you during July 2020-June 2021)

How many people plan to attend college at least half time during July 2020-June 2021? _____

SIGNATURES:

Student: _____ Date _____

Parent (*Dependent Student Only*) _____ Date _____

FINANCIAL AID OFFICE USE ONLY:

Date Approved _____ Corrections Sent _____ RRAAREQ Updated _____
 Date Denied _____ Date Email Sent to Student's UMW email account _____