2017-2018 Student/Spouse Special Condition Request (SPCOND)

**Student Name:** ___________________________  **MTSU ID:** M________________________

**Email Address:** ___________________________  @mtmail.mtsu.edu  **Phone:** (_____) ____________

Financial aid eligibility is calculated based on the information a student provides on the Free Application for Federal Student Aid (FAFSA). This information includes student and/or spouse tax return information, non-taxable income, asset amounts and household information. Since FAFSA has moved to prior-prior year income beginning with the 2017-2018 FASFA, many families have changes in their income or family situations that are not reflected in the information submitted to FAFSA. Students are able to request an adjustment to be made to their FAFSA based on unique extenuating circumstances that affect their income after the tax year used with FAFSA. MTSU will review the documentation submitted to determine if a student is qualified for a change in their information.

Some of these extenuating circumstances include, but are not limited to:

- Loss or change of employment
- Divorce or separation since FASFA was originally filed
- Loss or change in amount of child support, taxable Social Security, or other taxable benefits
- Death of Spouse
- Unusual out-of-pocket, paid medical expenses
- Mortgage payments
- Vacation expenses
- Standard living expenses
- Credit card or other personal debts
- Car payments

Circumstances that are NOT considered to be extenuating include, but are not limited to:

If you feel you have an extenuating circumstance and wish to have the information reviewed, you will need to complete the steps below. Since circumstances may affect different years for a student, please pay attention to the year requested under each circumstance you feel best suites your situation. Requests will not be reviewed until **ALL** required documentation is received. Submitted documentation will not be returned. Do not submit originals. As your request is being processed, you may be required to submit additional documentation pertaining to your circumstance.

*If you have been selected for verification, the verification process will need to be completed in its entirety, based on the FAFSA tax income year, before submitting a Special Condition Request.*

All requests for review are required to submit the following information, in addition to documentation requested based on the extenuating circumstance. Please initial that you have submitted the required information.

1. Special Condition Request form: Complete **all** sections of this form.
2. Personal Statement: Submit a typed, detailed statement explaining the circumstance. Please include all information pertaining to the circumstance. Your letter must be signed in your handwriting, not electronically signed.
3. Documentation: Submit all required documentation listed for the extenuating circumstance you feel best represents you and your situation. Required documentation will be noted with ✓ based on circumstance. Additional documentation may be requested once original request has been reviewed.
4. If required to submit tax information, you must submit **Tax Return Transcript** and W-2s or a signed copy of the 1040 (including schedules), 1040A, or 1040EZ with W-2s for the year requested. You may obtain a tax return transcript by going online to **www.irs.gov**.

The Special Condition Request review process takes approximately 3 to 4 weeks* from the time **ALL** required documentation has been submitted. All decisions made by the MTSU Financial Aid & Scholarships Office concerning special conditions are final. You will be notified of the decision through their MTSU e-mail address.

*If you are submitting your appeal during the months of January, May, August or December, the review timeframe may be extended at the discretion of the MTSU Financial Aid & Scholarships Office.

**Section 1:** Extenuating Circumstance categories. **You must submit all required documentation.**
☐ Involuntary reduction of student/spouse income

1a. Did the involuntary reduction in student/spouse employment income occur between November 2015 and December 2016, causing your 2016 tax return information to be significantly lower than 2015? ☐ Yes ☐ No

☐ If yes, you will need to submit your 2016 IRS Tax Transcript or signed copy of 2016 Tax Return.

→ Who is the affected person? ☐ Student ☐ Spouse

→ Date of loss of income / unemployment: ____________

1b. Did the involuntary reduction in student/spouse employment income occur between January 2017 and October 2017, making your estimated 2017 income information significantly lower than 2015 or 2016? ☐ Yes ☐ No

☐ If yes, you must wait at least twelve (12) weeks from your date of unemployment to pass prior to the submission of this appeal. You must then describe in your letter if there will be a return to work and when or if there will not be a return to work, you must give an explanation of why and how living expenses will be met. *See note below.

☐ If yes, you must submit a copy of your last paystub showing Year-To-Date income.

→ Who is the affected person? ☐ Student ☐ Spouse

→ Date of loss of income / unemployment: ____________

☐ You will be contacted to submit additional documentation once this Special Condition request has been reviewed.

**If no, and your involuntary reduction in student/spouse employment income occurred between October 2017 and December 2017, you will need to submit this request and a 2017 Tax Return Transcript/Return after your 2017 tax return has been filed.

*= Note: Due to the complexity of estimating yearly income, if either student or spouse is self-employed, receives commission, tips, has royalties, rental income, farm income, or other variable income, you will be required to submit a copy of your IRS Tax Transcript/Return for the year affected. Request may also be delayed until an IRS Tax Transcript/Return is available if income is undeterminable or until the affected person has obtained employment.

2. Is the involuntary reduction in student/spouse employment income due to reduction in hours at work? ☐ Yes ☐ No

☐ If yes, provide a letter from employer stating the effective date of reduction, scheduled weekly hours and pay rate of original schedule and reduced schedule

3. Is the involuntary reduction in the student/spouse employment due to a layoff or termination? ☐ Yes ☐ No

☐ If yes, provide an official letter from employer stating the effective date of the layoff or termination and /or anticipated return

4. Is the affected person eligible for unemployment? ☐ Yes ☐ No

☐ If yes, provide documentation from the Department of Labor showing benefits received and/or eligible for.

→ Date unemployment benefits began: ____________

→ Date unemployment benefits ended: ____________

☐ If no, please provide documentation from the Department of Labor reflecting your denial, if applicable.

5. Is unemployment due to the affected person quitting their job? ☐ Yes ☐ No

☐ If yes, provide a copy of resignation letter

☐ In your personal statement, you must explain why this person quit their job and what contingencies have been put into place for the loss of income

6. Did this person receive severance pay? ☐ Yes ☐ No

☐ If yes, provide a letter from employer stating how the severance pay will be paid and the amount to be received

7. Has this person returned to work either at their previous employer or a new employer? ☐ Yes ☐ No

☐ If yes, provide a copy of their most recent pay stub that shows year-to-date income and state in your letter when they returned to work, their current rate of pay, current hours scheduled, etc.

☐ If no, please explain in your letter when (and if) they will be returning to work

8. Is the affected party now receiving permanent disability income? ☐ Yes ☐ No

☐ If yes, provide proof of disability income. Date disability began: ____________
**Loss of Child Support or Alimony income**

Student and/or Spouse are no longer receiving court-ordered child support or alimony

**Loss of support will be reviewed and calculated in regards to the academic year, not calendar year.**

- Provide proof of amount of court-ordered support and when support ends.
- Provide a copy of your 2015 IRS tax transcript/Return, if a transcript/return has not been previously submitted for verification purposes. **Note: the IRS Data Retrieval Tool is currently unavailable.**

**Separation / divorce**

If student and spouse filed FAFSA for 2017-2018 as married, and included both incomes, but have since become separated or divorced.

- Are you and your spouse legally separated or has your divorce been finalized? ☐ Yes ☐ No
  - If yes, provide a copy of either court document
  - If no, but are living apart, provide proof of at least two (2) separate addresses for each party (utility bills, etc.)
  - Provide a copy of your 2016 IRS Tax Transcript/Return.
  - Provide a copy of each party’s W2’s, 1099s, etc.

**Non-recurring income received during 2015**

Student and/or Spouse received a one-time source of income and **will not** receive income from this source in 2016 or 2017.

- Was the non-recurring income received due to an extenuating circumstance beyond your control? ☐ Yes ☐ No
  - If yes, provide documentation of extenuating circumstance the non-recurring income was received for and receipts of any payments made (unusually high medical expenses paid; catastrophic event to home, etc.). If this was not a total distribution, you must provide a written statement regarding the remaining funds and any plans to distribute them in 2017.
  - Provide a copy of your 2016 IRS Tax Transcript/Return.

**Out-of-pocket medical expenses paid**

Student/Spouse have medical expenses that were paid out-of-pocket, not paid by insurance. Expenses must have been paid in either 2015 or 2016, not in both years.

1. Who were the expenses paid for? ☐ Student ☐ Spouse ☐ Other Dependent (name)
   - Provide proof of out-of-pocket payments (receipts, cancelled checks, etc.) You cannot submit invoices from your providers or Explanation of Benefits from your insurance carrier as proof.
2. Were you eligible to claim a medical expenses deduction on Schedule A (Itemized Deductions) for the tax year the expenses were paid?
   - If yes, please submit a copy of your Schedule A along with the IRS Tax Transcript/Return for the year affected.

**Death of spouse**

FAFSA was filed with spouse as married and included joint income. Death of spouse occurred after FAFSA was filed.

- Provide a copy of your 2016 IRS Tax Transcript/Return
- Provide a copy of each party’s W2’s, 1099s, etc.
- Copy of the death certificate or obituary notice

- Did / Will you receive any death benefits (social security, retirement, military, etc.), life insurance or other court-ordered settlements? ☐ Yes ☐ No
  - If yes, provide a copy of benefits or court statement showing amount received and date received.
Section 2: Income Information

Complete the following information of income or benefits that have been or will be received from January 2017 to December 2017 by student and/or spouse, regardless of tax liabilities. If you are an independent student and are married, report which person is receiving the income or benefit (if applicable). If a section applies to both student and spouse separately (not a joint account), report which person and the amount they will receive. Do not leave any section blank. Report “not applicable” (N/A) in the item(s) that do not apply. Incomplete information will delay the review of your request. You must provide documentation of all applicable income.

<table>
<thead>
<tr>
<th>January 1 through December 31, 2017</th>
<th>Actual 1/01/17 – today</th>
<th>Estimated Today – 12/31/17</th>
<th>Total Actual + Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income earned from work by student (wages, salaries, tips, etc., earned from employers)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Income earned from work by spouse (wages, salaries, tips, etc., earned from employers)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Business, farm or rental income</td>
<td>Student</td>
<td>Spouse</td>
<td>Joint</td>
</tr>
<tr>
<td>Net value of asset farm / rental property:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest/Dividend income</td>
<td>Student</td>
<td>Spouse</td>
<td>Joint</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Pensions and Annuities</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Alimony received</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>IRA distributions / 401K distribution</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Social Security benefits</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Short-term / long-term disability benefits</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Severance Pay</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Inheritance / other benefits received from family (including life insurance payments, etc.)</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Child support paid (Do not include support for children in your household as reported in Section 2 – Household information)</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Child support received</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Alimony paid</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Combat pay or special combat pay (Do not enter untaxable combat pay)</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Payments to tax deferred pension and retirement savings plans (paid directly or withheld from earnings, including, but not limited to amount reported on your pay-stubs)</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>IRA deductions and payments to self-employed SEP, SIMPLE, KEOGH and other qualified plans</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Housing, food and other living allowances paid to members of the military, clergy, etc. (including cash payments and cash value of benefits. Do not include the value of on-base military housing or basic military allowance for housing)</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Veteran’s non-educational benefits (such as Disability, Death Pension, or Dependency &amp; Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowance)</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
<tr>
<td>Other misc. income (Including someone paying rent, or utilities on your behalf)</td>
<td>Student</td>
<td>Spouse</td>
<td>$</td>
</tr>
</tbody>
</table>
Section 3: Household information

A. Number of Household Members and Number in College

Complete each column below with the name, age and relationship of every person that can be included in the household as defined below. Indicate whether or not the household member will be attending college at least half-time as a degree seeking student between July 1, 2017 and June 30, 2018. Parents of a dependent student must include the student, even if they do not live with you. Also include your other children and other people who live with you if you will provide more than half of their support. *(Attach additional paper if necessary.)*

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Name of College Attending (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>☐ No ☐ Yes Middle TN State Univ.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ No ☐ Yes</td>
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<td></td>
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<td></td>
<td>☐ No ☐ Yes</td>
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<td></td>
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<td></td>
<td>☐ No ☐ Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ No ☐ Yes</td>
</tr>
</tbody>
</table>

Section 4: Certification and signatures

My signature below certifies the following:

- ✓ The information I have provided on this Special Condition request is true and complete to the best of my knowledge.
- ✓ The Special Condition review process is based upon the estimated income and documentation I have provided for the upcoming year. If the actual income of that year is greater than ten (10) percent of the estimated income, future requests may be denied.
- ✓ I have not knowingly or intentionally provided any fraudulent documentation. I understand if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my request will be denied and I may be fined, be sentenced to jail, or both, and I may be required to repay any and all financial aid received.
- ✓ I understand that I must inform the MT One Stop if any circumstances change for the current year (after my review has been approved).
- ✓ I understand that I am requesting a Special Conditions review based on my (and/or my spouse’s) change of income. This review may affect the amount and type of financial aid I am eligible for.
- ✓ I understand that there must have a Partners for Education (PIE) form on file with MTSU in order for the MT One Stop or the Financial Aid Office to discuss and/or release any information regarding a financial aid award to a third party (i.e. parent, spouse, guardian, relative, etc.). If a PIE form is not on file, MTSU will only release information to the student.

Student signature & Date

Spouse signature & Date (if applicable)