



University of Maryland University College

2011-2012 SPECIAL CONDITIONS FORM

Print Student's Name: _____ Student ID #: _____

If your family has experienced significant changes in income that occurred **after 01/01/2011** which merit recalculating your financial aid eligibility based on your projected annual 2011 income rather than the federally required 2010 income please complete this form. Before your appeal can be considered, your 2011-12 Free Application for Federal Student Aid (FAFSA) must be completed and all required documents must be submitted prior to the review.

****Please note deadlines for submission:**

Fall semester only – 11/01/2011; Spring semester only – 04/01/2012; Summer semester only – 05/01/2012

SPECIAL CIRCUMSTANCE (Please check one)	REASONS FOR CONSIDERATION	REQUIRED DOCUMENTATION ALL DOCUMENTS MUST BE SIGNED
<input type="checkbox"/> Loss of Employment (Minimum 20% reduction of 2011 income-must be documented for a minimum of 10 weeks)	<ul style="list-style-type: none"> ➤ Termination/layoff from job ➤ Significant reduction in work hours ➤ Retirement ➤ Return to school 	<ul style="list-style-type: none"> • Written statement detailing the specifics of your circumstances • Your/Spouse's 2010 Federal Tax Return; if dependent your parent's 2010 Federal Tax Returns • 2011-12 Verification Worksheet (found at the end of this document) • All W-2 forms for parent(s) / student / spouse • Last pay stub from all employers showing year-to-date earnings • Termination notice from employer or letter of resignation • Benefit statement from Unemployment Administration showing monthly benefit or denial of benefits. .
<input type="checkbox"/> Loss of Untaxed Income	Loss of: <ul style="list-style-type: none"> ➤ Social Security ➤ AFDC/TANF ➤ Child Support ➤ Alimony ➤ Disability payment ➤ Worker's Compensation ➤ Other untaxed income 	<ul style="list-style-type: none"> • Written statement detailing the specifics of your circumstances • Your/Spouse's 2010 Federal Tax Return; if dependent your parent's 2010 Federal Tax Returns • 2011-12 Verification Worksheet (found at the end of this document) • All W-2 forms for parent(s) / student / spouse • Documentation of termination of benefits from benefit provider and date of change (i.e. letter from Social Security Administration or Department of Social Services, divorce decree, court order, DD-214, etc.)
<input type="checkbox"/> Separation or Divorce during the 2011 calendar year	Parent (if dependent) or spouse (if independent) no longer residing in household due to separation or divorce AFTER the FAFSA has been filed.	<ul style="list-style-type: none"> • Written statement detailing the specifics of your circumstances • Your/Spouse's 2010 Federal Tax Return; if dependent your parent's 2010 Federal Tax Returns • 2011-12 Verification Worksheet (found at the end of this document) • All W-2 forms must be submitted to verify separation of income • Copy of legal separation agreement, divorce decree, or signed letter from a Third Party Professional (attorney, clergy, counselor, etc.) on letterhead stating date of separation.
<input type="checkbox"/> Death of Parent or Spouse	Parent (if dependent) or spouse (if independent) passes away AFTER the FAFSA has been filed.	<ul style="list-style-type: none"> • Written statement detailing the specifics of your circumstances • Your/Spouse's 2010 Federal Tax Return; if dependent your parent's 2010 Federal Tax Returns • 2011-12 Verification Worksheet (found at the end of this document) • All W-2 forms for parent(s) / student / spouse • Copy of death certificate
<input type="checkbox"/> Permanent and total disability	Parent (if dependent), student or spouse(if independent) suffered permanent and total disability.	<ul style="list-style-type: none"> • Written statement detailing the specifics of your circumstances • Your/Spouse's 2010 Federal Tax Return; if dependent your parent's 2010 Federal Tax Returns • 2011-12 Verification Worksheet (found at the end of this document) • All W-2 forms for parent(s) / student / spouse • Signed letter from a physician stating the extent and duration of disability (stamped signature not acceptable) • Last pay stub from all employers showing year-to-date earnings • Disability benefit statement from Social Security Administration

