



**2009-2010 SPECIAL CONDITIONS APPLICATION
INDEPENDENT STUDENTS**

This form is to be used by those who may have special circumstances that may change financial aid eligibility.

Student Name _____ Student ID _____
Last First MI

Current Mailing Address _____
Street City, State Zip Code

This application is in response to your request for a review of special circumstances that have arisen, which you feel may change your financial aid eligibility. We require that certain documents be provided to support the specific special condition selected by you and/or your spouse. We start with an evaluation of the accuracy of the information that you submitted on your Free Application for Federal Student Aid (FAFSA). We will evaluate the supporting documents along with your FAFSA to determine if you are eligible for any adjustments.

The United States Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgement in determining eligibility for federal financial aid. This provision allows for consideration of expected year income, instead of prior year income to calculate a student's eligibility. The student's situation **must** meet one of the criteria used by the Lincoln University as a special condition. This means that a student who meets a special condition in the 2009-2010 award year may have his/her eligibility calculated using expected income for 2009.

Required Documentation for All Conditions

2008 signed student and, if married, spouse Federal Income Tax Return (including **all** schedules, W-2s and 1099s), (If filed separate, please provide **both** returns). **Your request will not be considered if the required information is not provided.**

The Section below must be completed for all conditions

Expected 2009 taxable and nontaxable income and benefits:

Student's expected **2009** income earned from work \$ _____

Spouse's expected **2009** income earned from work \$ _____

Expected **2009** amounts from other taxable income and benefits \$ _____

Expected **2009** amounts from untaxed income and benefits \$ _____

Please provide supporting documentation for income or benefits listed for 2009 (i.e. most recent pay stub, statement from agency of benefits received, etc.).

Instructions for Completion

1. Complete only the sections that apply to your situation and provide all required documentation.
2. Provide all requested signatures. Write student name and SSN across the top of all documents.
3. If additional information is required, you will be notified promptly.

Failure to provide the requested documentation will result in no further processing of this request.

Explanation of Conditions and Additional Required Documents
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- A.) You were employed full-time (at least 35 hours per week) for at least 30 weeks in 2008, but you are not working full-time now.** Failure to provide the requested documentation will result in no further processing of this request.

_____ Number of weeks worked full-time in 2009.

_____ Number of hours worked per week in 2009.

Acceptable documentation:

- Notice of termination/cessation from employer
- Notice of reduction of hours to less than full-time
- Employer statement of number of hours worked per week in 2009
- Copy of most recent pay stub(s) or statement of earnings to date
- Notice of application for unemployment compensation (if applicable) and amount received
- Documentation on all other sources of student and/or spouse's income (taxable and non-taxable)
- Notification of Worker's Compensation
- Employer disability payments

- B.) Your spouse, who earned income in 2008, has lost his/her full-time employment for at least 10 consecutive weeks in 2009.** This must be a complete loss of employment. Failure to provide the requested documentation will result in no further processing of this request.

_____ Number of weeks your spouse has been unemployed in 2009.

Acceptable documentation:

- Notice of termination/cessation from employer
- Notice of reduction of hours to less than full-time
- Employer statement of number of hours worked per week in 2009
- Documentation of loss of employment by spouse
- Copy of most recent pay stub(s) or statement of earnings to date
- Notice of application for unemployment compensation (if applicable) and amount received
- Documentation on all other sources of student and/or spouse's income (taxable and non-taxable)
- Notification of Worker's Compensation
- Employer disability payments

- C.) Student or spouse loss of employment due to disability or natural disaster for more than 10 consecutive weeks in 2009.** This must be a complete loss of employment. Failure to provide the requested documentation will result in no further processing of this request.

_____ Number of weeks you were unable to earn income in 2009.

Acceptable documentation:

- Attending doctor's statement of disability
- Date disability resulted in termination of employment
- Documentation of Official Declaration of Natural Disaster status
- Copy of most recent pay stub(s) or statement of earnings to date
- Notice of application for unemployment compensation (if applicable) and amount received
- Documentation on all other sources of student and/or spouse's income (taxable and non-taxable)
- Notification of Worker's Compensation
- Employer disability payments

- D.) Student or spouse loss of untaxed income or benefit for more than 10 consecutive weeks in 2009. (Only check one condition that applies to your condition and provide the documentation listed.)** Failure to provide the requested documentation will result in no further processing of this request.

Loss of unemployment compensation for _____ weeks in 2009

- Notice of application for unemployment compensation (if applicable) and amount received

- Copy of most recent pay stub(s) or statement of earnings to date (spouse if applicable)
 - Documentation on all other sources of parent(s) income (taxable and non-taxable)
- Loss of Social Security benefits for _____ weeks in 2009.
Acceptable documentation for loss of social security benefits:
- Notification of loss of benefit from provider of benefit
 - Copy of most recent pay stub(s) or statement of earnings to date (spouse if applicable)
 - Documentation on all other sources of parent(s) income (taxable and non-taxable)
- Loss of Disability benefits for _____ weeks in 2009
Acceptable documentation for loss of disability benefits:
- Notice of termination/cessation from employer
 - Notification of loss of benefit from provider of benefit
 - Copy of most recent pay stub(s) or statement of earnings to date (spouse if applicable)
 - Documentation on all other sources of parent(s) income (taxable and non-taxable)
- Loss of Welfare benefits for _____ weeks in 2009
Acceptable documentation for loss of welfare:
- Notification of loss of benefit from provider of benefit
 - Copy of most recent pay stub(s) or statement of earnings to date (spouse if applicable)
 - Documentation on all other sources of parent(s) income (taxable and non-taxable)
- Loss of Court Ordered Child Support for _____ weeks in 2009
Acceptable documentation for loss of court ordered child support:
- Court documents verifying loss and date/conditions of loss
 - Copy of most recent pay stub(s) or statement of earnings to date (spouse if applicable)
 - Documentation on all other sources of parent(s) income (taxable and non-taxable)
- Other _____ for _____ weeks in 2009

E.) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, you and your spouse have separated or divorced. Failure to provide the requested documentation will result in no further processing of this request.

Please provide the date you separated or divorced _____
 Mo./Day/Yr

Acceptable documentation:

- Court documented separation agreement, **OR**
- Divorce decree/settlement
- Documentation to support separate residency (i.e. copy of lease, deed or utility bill(s))

F.) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and your spouse has died. Failure to provide the requested documentation will result in no further processing of this request.

Please provide the date your spouse died _____
 Mo./Day/Yr

Acceptable documentation:

- Copy of spouse's death certificate

Signatures

Certification:

All of the information contained in this application is true to the best of my/our knowledge. If intentionally false or misleading information is provided on this application in an attempt to obtain federal financial aid, I understand that a fine of up to \$10,000, and/or a prison sentence could result.

 Print Student's name

 Student's signature

 Date

 Print Spouse's name

 Spouse's signature

 Date