

Office of Financial Aid 1570 Baltimore Pike Lincoln University, PA 19352-0999

800-561-2606 phone **484-365-8198** fax financialaid@lincoln.edu

2021-2022 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			Studen	t ID
Last	First	MI		
Current Mailing Address	Street		City, State	Zip Code
your financial aid eligibility. We re you and/or your spouse. We start v	equire that certain do vith an evaluation of d (FAFSA). We will	cuments be pro the accuracy of	rcumstances that vided to support the information	t have arisen, which you feel may change the specific special condition selected by
professional judgement in determing year income, instead of prior year in used by the Lincoln University as a	ing eligibility for fed ncome to calculate a special condition.	deral financial a student's eligib This means that	id. This provision ility. The studer a student who m	ents of 1998 a reaffirmation of the use of on allows for consideration of expected nt's situation <u>must</u> meet one of the criteria eets a special condition in the 2021-2022 rojected income for the 2021 tax year.
Was there a change in	income for the 2020	0 or 2021 tax y	ear? If yes, whic	ch?
Provide documentation for the year	ear the income chan	ige occurred.	•	
	Required Do	cumentation f	or All Condition	ıs
	e provide <u>both</u> retur	ns and 2021-20 not provided.	22 V1 Independe	nedules, W-2s and 1099s) or relevant 2021 ent Verification Worksheet. Your request ditions
2019 taxable and nontaxable inco	ome and benefits (p	rovide copies o	f your 2019 Tax	Return Transcript):
Student's expected <u>2019</u> income ea	rned from work		\$	
Spouse's expected 2019 income ea	rned from work		\$	
2019 amounts from other taxable in	ncome and benefits		\$	
2019 amounts from untaxed incom	e and benefits		\$	

2020 or 2021 taxable and nontaxable income and benefits (provide all pertinent documentation):

Please provide supporting documentation for income or benefits listed for 2020 or 2021 (i.e. most recent pay stub, statement from agency of benefits received, etc.).

Expected Student's expected 2020 or 2021 income earned from work	\$
Expected Spouse's expected 2020 or 2021 income earned from work	\$
Expected 2020 or 2021 amounts from other taxable income and benefits	\$
Expected 2020 or 2021 amounts from untaxed income and benefits	\$

SUBMIT ATTACHED FORMS AND PERTINENT DOCUMENTS TO THE OFFICE OF FINANCIAL AID. INCOMPLETE APPLICATION AND MISSING DOCUMENTS WILL NOT BE REVIEWED.

DEADLINE TO SUBMIT REQUEST IS JUNE 1, 2021.

Instructions for Completion

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

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

	Failure to provide the requested documentation will result in no further processing of this request.				
	Explanation of Conditions and Additional Required Documents				
A.)	A.) You were employed full-time (at least 35 hours per week) for at least 30 weeks in 2020 or 2021, but you are not working full-time now. Failure to provide the requested documentation will result in no further processing of this				
	Number of weeks worked full-time in 2020 or 2021.				
	Number of hours worked per week in 2020 or 2021.				
	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 2020 or 2021
- 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 2020 or 2021, has lost his/her full-time employment for at least 10 consecutive weeks in 2020 or 2021. 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 unem	ployed in 2020 or	2021
runioci di weeks	your spouse has been unem	pio y cu ili 2020 oi	2021

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 2020 or 2021
- 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 202
	or 2021. 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 2020 or 2021.

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 payment

D.)	Student or spouse loss of untaxed income or benefit for more than 10 consecutive weeks in 2020 or 2021. (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 2020 or 2021.

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

- 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 forweeks in 2020 or 202

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	`D	isabilitv	y benefits f	or	weeks	in 2	2020	or	202	<u>'</u> 1

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 W	elfare benefits for	weeks in	2020 or 2021.
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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 2020 or 2021.

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)

Γ	Other	for	weeks in 2020 or 2021.

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 spouse has died.	ou have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and your ouse has died.					
Failure to provide the requested documentation	Failure to provide the requested documentation will result in no further processing of this request.					
Please provide the date your spouse died *Acceptable documentation: • Copy of spouse's death certificate	Mo/Day/Yr					
	Signatures					
	s true to the best of my/our knowledge. If intentionally fampt to obtain federal financial aid, I understand that a fin					
Print Student's name	Student's signature	Date				
Print Spouse's name	Spouse's signature	Date				

Regional accreditation by the Middle States Commission on Higher Education.

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