

2018-2019 SPECIAL CONDITIONS

For a student who will file as a
DEPENDENT:

For a student who will file as an
INDEPENDENT:

Deadlines for Submission of form: Fall 2018-December 1, 2018/Spring 2019-May 1, 2019

Loss of Employment

One of the student's parents (or a step-parent) earned money in 2016 but has lost his or her job for at least 10 weeks in 2017.

The student worked full-time (at least 35 hours a week for at least 30 weeks in 2016 but is not working full time now. (Does not apply to the student's spouse.) The student's spouse earned money in 2016 but has lost his or her job for at least 10 weeks in 2017.

Please note: Voluntary termination of employment is not a special condition, for example students who choose to leave full time employment to attend school full time will not be considered.

Loss of earnings due to disability or natural disaster

One of the student's parents earned money in 2016 but has not been able to earn money in his or her usual way for at least 10 weeks in 2017. This must have been because of either a disability or natural disaster that happened in 2016 or 2017.

The student (or spouse) earned money in 2016 but has not been able to earn money in the usual way for at least 10 weeks in 2017. This must have been because of either a disability or a natural disaster that happened in 2016 or 2017.

Loss of untaxed income or benefits

One of the student's parents received Unemployment compensation or some untaxed income or benefit in 2016 but has completely lost that income or benefit for at least 10 weeks in 2017.

The student (or spouse) received unemployment compensation or some untaxed income or benefit in 2016 but has completely lost that income or benefit for at least 10 weeks in 2017.

Separation, divorce, or death

The student has already applied for Federal student aid, but his or her parents have separated or been widowed or divorced since that time.

The student has already applied for Federal student aid, but has separated or been widowed or divorced since that time.

Completion of this form does not automatically mean that the Financial Aid Office will use your 2017 calendar year income information as opposed to using your 2016 calendar year information. This form and all supporting documents will be reviewed by a Financial Aid staff member and you will be notified in writing of the outcome. Files that are processed as Special Conditions are subject to the discretion of the Financial Aid Staff's professional judgment. The process requires us to make changes to your application information and may require additional information to process. You may experience a delay with the results and we ask for your patience and cooperation in this matter. We are working to provide the student and their family with the best financial aid awards possible.

**Special Condition
Check list for Submission****

- _____ Did you attach all DOCUMENTS and SUPPORTING info. to process your application?
- _____ Did you provide PAY STUBS, listing year to date figures?
- _____ Did you provide UNEMPLOYMENT NOTIFICATION?
- _____ Did you provide EMPLOYER TERMINATION NOTICE?
- _____ Did you provide IRS TAX TRANSCRIPTS for 2016 for income comparison and 2017
(if you are filing your special condition after the tax due date)?

****PLEASE NOTE:**
Failure to provide supporting documentation will result in automatic denial.

Please submit this form and all supporting documentation to:

Bucks County Community College
Financial Aid Office
275 Swamp Road
Newtown PA 18940

Phone 215 968-8200 Fax 215 504-8522 Email finaid@bucks.edu

If you have any questions while you are completing this form, please call our office
215 968-8200 and we will be glad to assist you.

Request for Reevaluation of Need for: _____
Student's First Name MI Last Name

Social Security Number

Please indicate the appropriate reason and the date of your family's change of circumstance.

Reason

Date

- | | |
|---|-------------------------|
| 1. () Loss of employment or change in employment status | _____
month/day/year |
| 2. () Loss of earnings due to disability or natural disaster | _____
month/day/year |
| 3. () Loss of untaxed income or benefit | _____
month/day/year |
| 4. () Separation, divorce, or death of parent/spouse | _____
month/day/year |
| 5. () Other. Please explain | _____
month/day/year |

Please provide a detailed explanation for the circumstance surrounding the reduction in your 2017 family income.

STUDENTS PLEASE COMPLETE REVERSE SIDE

FOR FINANCIAL AID OFFICE USE ONLY

Granted: _____ Denied: _____

Reason for Denial:

FAA Signature: _____ Date: _____

Please estimate family income for the entire year, January 1, 2017 to December 31, 2017 in each area listed below. Use annual amounts in each space. (IF NONE, ENTER ZEROS). **If you and/or your parent's have already filed your 2017 federal tax return, you must attach a signed copy to this form.** If dependent, list both parental and student information. If independent, list student and spouse information. **You must provide any supporting documentation. i.e.: unemployment award, last pay stubs.**

Expected 2017 Taxable Income:	<u>Parent's Information</u>	<u>Student Information</u>
1. Wages, Salaries, Tips	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____
2. Pension & Annuities	\$ _____	\$ _____
3. Interest /Dividend Income	\$ _____	\$ _____
4. Business or Farm income	\$ _____	\$ _____
5. Capital Gains	\$ _____	\$ _____
6. Rents which will be received	\$ _____	\$ _____
7. Alimony	\$ _____	\$ _____
8. Unemployment Compensation	\$ _____	\$ _____
9. Other Taxed Income (please explain)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
Expected 2017 Untaxed Income and Benefits	<u>Parent's Information</u>	<u>Student Information</u>
1. Social Security Benefits	\$ _____	\$ _____
2. Public Assistance	\$ _____	\$ _____
3. Child Support	\$ _____	\$ _____
4. Housing Allowance	\$ _____	\$ _____
5. Retirement or Disability Benefits	\$ _____	\$ _____
6. Worker's Compensation	\$ _____	\$ _____
7. Payments to Tax-Deferred Pension & Savings Plans (Paid directly or withheld from earnings) include 401K & 403 (B) plans	\$ _____	\$ _____
8. Untaxed Portion of Pension	\$ _____	\$ _____
9. Other Untaxed Income (please explain)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

I certify that the information listed above is true and correct to the best of my knowledge and belief. Failure to submit form and documentation by required deadlines will result in failure to process application.

Parent's Signature Date

Student Signature Date

Spouse's Signature Date

Return this form and all supporting documents to:
Bucks County Community College, Financial Aid Office, 275 Swamp Road, Newtown PA 18940
Bucks County Community College complies with applicable state and federal civil rights laws and does not discriminate in its educational programs, activities or employment practices.

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