



First Name	Last Name (Please Print)	WHC ID#
Mailing Address (Include Apt. #)		Home Phone
City	State	Zip
		Cell Phone

This Special Condition form can be used by you and your family to report unusual circumstances that have reduced your income for 2017 or extraordinary expenses that provide you with less disposable income. The result of your 2019-20 Free Application for Federal Student Aid (FAFSA) must already be on file with the Financial Aid Office at West Hills College.

The information provided on your original application may not be updated if your income reduction is not significant, appears inconsistent, or seems inadequate to support your family size. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

Please complete all of the required information appropriate for your request. Incomplete forms will not be processed. Be sure to obtain all of the required signatures and **attach all of the necessary documentation** to support your request. Return the completed documentation to the Financial Aid Office.

If your income, your spouse's income, or your parent's income will be less in 2018 than it was in 2017, complete this section along with the income grid (see back of this page) and attach supporting documentation (i.e. last pay stubs that include total year-to-date earnings, 2018 1040 Tax Return & 2018 w-2, 2018 Statement of Non-Filers).

1. Please explain briefly and concisely the circumstances you wish us to consider when reviewing this request. If necessary you may attach a separate sheet of paper to further explain these circumstances.

For Financial Aid Office Use Only

Denied Approved

Original EFC: _____ Trans #: _____

Adj. EFC: _____ Trans #: _____

Comments:

FAO Signature _____

Date: _____

2. Check the appropriate reason for the change in your situation.

Condition A Income Reduction

This reduction in income applies to:

- Student Spouse Parent 1 Parent 2

Involuntary Loss of Employment (i.e termination, disability or layoff, military relocation orders).

Documentation might include: Statement from previous employer, unemployment benefit statement, and last/current pay stubs that shows total year-to-date earnings, etc.

Loss of Benefits.

Documentation might include: Statement/letter demonstrating suspension or termination of benefits.

Effective Date: _____

- Child Support Social Security Benefits
 Disability Unemployment Other _____

One-time Income Burst

Documentation might include: Tax Return Transcript, proof of receipt of one-time income, etc.

Amount: \$ _____

Source: _____ Date: _____

Divorce/Legal Separation (Note: Divorce/Separation must have occurred after completion of the 2019-20 FAFSA)

Documentation might include: Legal court documents verifying a separation or evidence that divorce paperwork was filed.

Who does this apply to? You and your spouse Your parents Date of Divorce or Separation _____

*If you and your spouse are divorced or legally separated, give only **your** information on the income grid. If your parents are divorced or legally separated, give only the information of the **custodial parent** on the income grid.*

Death

Documentation might include: A copy of a death certificate, obituary, program from funeral, etc.

Parent 1 Parent 2 Spouse Date of Death: _____

Do not include income of deceased on the income grid below.

Condition B Extraordinary Expenses

Medical and/or Dental Expenses

The amount of medical and dental expenses that exceeds **11%** of the family's adjusted gross income will be taken into consideration for re-evaluation of eligibility. Keep in mind that an allowance for medical expenses has already been taken into account in the needs analysis formula.

Amount of 2018 Medical/Dental Expenses not paid by insurance: \$ _____

Attach Schedule A of your 2018 Federal Income Tax Return or receipts for medical and dental payments. Receipts must document insurance will not pay at a later date.

Elementary and/or Secondary Education Expenses

Amount of 2018 Elementary and/or Secondary Education Expense: \$ _____

Provide a letter from the school-stating amount paid for tuition for Fall 2018 and Spring 2019

3. Complete the Income Grid Below to show what you expect your income for 2018 to be now, as a result of the condition selected above. **Must Provide Documentation.**

	Student/Spouse	Parents
2018 Wages from work by Student/Parent 1	\$ _____	\$ _____
2018 Wages from work by Spouse/Parent 2	\$ _____	\$ _____
2018 Other Taxable Income	\$ _____	\$ _____
2018 Workers' Compensation	\$ _____	\$ _____
2018 Child Support Received	\$ _____	\$ _____
2018 Deductible IRA and/or Keogh Payments	\$ _____	\$ _____
Other 2018 Income	\$ _____	\$ _____
Total 2018 Income:	\$ _____	\$ _____
2019 Total Projected Income (only if circumstances have changed since 2018.)	\$ _____	\$ _____

I certify that all the information on this form is true and complete to the best of my knowledge. If I purposely give false or misleading information, I may be fined \$20,000, sent to prison, or both.

Student's Signature: _____ Date: _____

Spouse's/Parent's Signature: _____ Date: _____