



2011-2012 SPECIAL CONDITION FORM

Student Name (print)		WOU Student ID
Address		Phone
City	State	ZIP

Complete this form if your family has unusual circumstances not reflected on your Free Application for Federal Student Aid (FAFSA). Unusual circumstances that cause significant change may be taken into consideration for your financial aid eligibility. Allow up to six weeks for processing. Please check all sections that apply. You may check more than one box if applicable. Documentation may be required to approve requests.

A. Loss or reduction of income or benefits

- You or your spouse, OR a parent had employment in 2010 but experienced a loss of job or reduction of income. Date change occurred _____. Adjustments for loss of over-time or commission income are not considered.
- You or your spouse, OR a parent received unemployment compensation or some untaxed income or benefit in 2010 and have lost that income or benefit.

Acceptable Documentation: (1) Termination letter or loss of benefit notification, if applicable; OR (2) Copy of 2010 signed federal tax forms and W-2s; OR (3) Current paystubs showing decreased income, if applicable; OR (4) Written statement describing circumstances.

B. One-time benefit

- You or your spouse, OR your parent(s) received a one-time income or benefit in 2010 and will not receive that income or benefit again.

Acceptable Documentation: (1) Letter explaining the source of funds received in 2010, the reason you will not receive that same income or benefit again, and how the funds were used. Provide documentation of retirement funding rollovers OR (2) Copy of your 2010 signed federal tax return and W-2s.

C. Change in marital status

After filing the FAFSA, you OR your parents have separated OR divorced.

Acceptable Documentation: (1) Divorce papers indicating the date of marital change; OR (2) Written statement of separation; AND (3) Copy of 2010 signed Federal tax return and W-2s.

D. Death in family

- Your spouse, OR a parent has died since the FAFSA was filed. Date of death _____.

Acceptable Documentation: (1) Copy of 2010 signed federal tax forms and W-2s; AND (2) Copy of death certificate or obituary.

E. Medical/Dental expenses

- You or your spouse, OR a parent have on-going medical/dental expenses that are not covered by insurance.

Acceptable Documentation: (1) Attach bill and an itemized list with a total of all expenses not covered by insurance. OR (2) Copy of your 2010 signed federal tax return and W-2s. Include Schedule A from tax forms, if filed.

This document is available in alternative formats. Please give reasonable notice to the Financial Aid Office at 503-838-8475 or toll free 1-877-877-1593.

Financial Aid Office

EXPLANATION OF SPECIAL CIRCUMSTANCES

Please identify the family member(s) with this special circumstance(s).

Student Spouse Parent

Use this space to explain your unusual circumstances or expenses. Be sure to include the date your circumstances changed. Attach appropriate documentation (see first page for acceptable documentation).

PROJECTED INCOME

Please enter amounts you anticipate you will receive in each category. Please do not leave blanks - use zeroes where appropriate.

PARENT(S) PROJECTED INCOME FOR 2011: January 1, 2011 – December 31, 2011

Father's Gross Wages	\$ _____
Mother's Gross Wages	\$ _____
Alimony Received	\$ _____
Business and/or Farm Income	\$ _____
Partnership and/or S-Corp Income	\$ _____
Capital Gains	\$ _____
Pensions and Annuities	\$ _____
Rents and Royalties	\$ _____
Unemployment	\$ _____
Other Untaxable Income:	\$ _____

Source:

- Child support received for all children
- Retirement and/or Disability Benefits
- Untaxed portions of pensions and/or annuities
- Living and housing allowance for clergy, military, etc.
- Veteran's non-educational benefits
- Deductible IRA and/or Keogh payments

Other Untaxed Income: \$ _____

Source:

Total Anticipated Income \$ _____

STUDENT/SPOUSE PROJECTED INCOME FOR 2011:

	1/01/11-12/31/11	6/15/11-6/14/12
Student's Gross Wages	\$ _____	\$ _____
Spouse's Gross Wages	\$ _____	\$ _____
Alimony Received	\$ _____	\$ _____
Business and/or Farm Income	\$ _____	\$ _____
Partnership and/or S-Corp Income	\$ _____	\$ _____
Capital Gains	\$ _____	\$ _____
Pensions and Annuities	\$ _____	\$ _____
Rents and Royalties	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other Untaxable Income:	\$ _____	\$ _____

Source:

- Child support received for all children
- Retirement and/or Disability Benefits
- Untaxed portions of pensions and/or annuities
- Living and housing allowance for clergy, military, etc.
- Veteran's non-educational benefits
- Deductible IRA and/or Keogh payments

Other Untaxed Income \$ _____ \$ _____

Source:

Total Anticipated Income \$ _____ \$ _____

Parent or Spouse's Signature Date

Student's Signature Date

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