

2016-2017 Special Condition Review Form

Instructions: A completed Special Condition Review packet should include the following:

- an accepted financial aid award (accepted and verifiable online via myMPTC),
- a completed Special Condition Review Form,
- a statement or documentation as required to support your request.

Do not submit this information before completing your Federal Tax Return for 2016. Fully complete all sections of this form.

Other Information: The information supplied with your form will be reviewed to determine if adjustments to your FAFSA can be made. Please allow 3 to 4 weeks for processing time. Additional information may be requested once received. All decisions made by the Financial Aid Office are final. You will receive notification if we are unable to process this request. If a change is made, you will receive a revised Student Aid Report (SAR) from the Department of Education. The Financial Aid Office will then revise your award.

Section A. Student Information

Last Name	First Name	M.I.	N	Student ID
Phone Number (include area code) _____				

List the people in your household, including yourself. List the name of the college for any member (excluding parents) who will attend college at least half-time between 07/01/2016 and 06/30/2017.

Full Name	Age	Relationship	College Attending 2016-2017
		Self	Moraine Park Technical College

Section B. Student's and Parent's Tax and Other Income Information

1. Provide a copy of your and your parents (if dependent) signed 2016 Federal Tax Form.
2. Attach a copy of your and your parents' (if dependent) 2015 Tax Return Transcript from the IRS, all W-2s, and a Verification Worksheet (Dependent or Independent) based on whether you needed parent's tax information on FAFSA. This form can be found at www.morainepark.edu/financial-aid/, (click on Financial Aid Forms). If you and/or your parents imported your tax data from the IRS on the FAFSA, we do not need the tax transcript.
3. List all sources of unearned income or benefits for 2016. Examples include: unemployment compensation, dividends, capital gains, earned income credits, TANF, Child Support, Social Security, disability, etc.

Income or Benefit	Amount

Section C. Special Circumstances

Indicate the reason for the requested review of your family's financial situation and provide indicated documentation. **Attach a detailed letter to this Request Form documenting your circumstances.**

- Loss of job or parental loss of job or reduction of hours**
Suggested Documentation: Letter(s) from applicable former employer(s) stating the last date of employment.
- Loss of benefits (Social Security Benefits, Child Support, Worker's Compensation, Alimony, Unemployment Benefits, etc.)**
Suggested Documentation:
 - Copy of benefit termination notice and amount of benefits received in **2016**.
 - Copy of divorce decree indicating the last date of child support.
 - Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment.
- One time income in 2015 (i.e., sale of home, capital gains, etc.)**
Suggested Documentation: Letter explaining the situation and any applicable additional tax documentation.
- You and your spouse or your parents (if dependent) have been separated or divorced since completing the FAFSA.**
_____ **Date of Separation or Divorce**
Required Documentation: Attach a copy of the Separation Order/Agreement or Divorce Decree.
- Your spouse (or a parent) has died since completing the FAFSA.**
_____ **Date of Death**
Required Documentation: Attach a copy of the Death Certificate.

Section D. Certification and Signature

My signature below certifies that the information I have provided on this form is true. I agree to provide proof of the information if and/or when requested. I understand that the penalty for providing false or misleading information is a \$20,000 fine, a prison sentence, or both.

Parent Signature (if applicable): _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only

Reviewer Notes

Approved: Yes No No: Follow Up Current EFC: _____ New EFC: _____

Reviewer Initials: _____ Date: _____