

# The University of Montana Western

## SPECIAL CONDITIONS FORM 2011-2012

### PLEASE PRINT:

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell #: \_\_\_\_\_

### **WHAT CAUSED THE LOSS/DROP OF INCOME? (CHECK ONLY ONE):**

\_\_\_\_\_ Retirement

\_\_\_\_\_ Divorce or Separation (provide documentation or signed statement of separation)

\_\_\_\_\_ Loss of Full-Time Employment By:

\_\_\_\_\_ Student \_\_\_\_\_ Spouse \_\_\_\_\_ Parent(s)

(Documentation of loss of income **MUST** be included. If pay stubs are used to show income reduction, 3 consecutive months of must be documented. **Unemployment compensation** documentation must also be included)

\_\_\_\_\_ Illness: Attach supporting documents from physician. Decision is based upon medical expenses both incurred and paid in 2010.

\_\_\_\_\_ Death of:

\_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_ Guardian (Attach supporting documents)

\_\_\_\_\_ I am requesting an increase in cost of attendance in consideration for a study abroad opportunity

\_\_\_\_\_ Other: (attach letter if needed) \_\_\_\_\_

I certify that the incident described above occurred on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature: \_\_\_\_\_

### **2010 TAXABLE INCOME (CHECK ONLY ONE)**

\_\_\_\_\_ Please attach a copy of the **Federal Tax Return for 2010** for the person who had the substantial drop in income along with **all W-2s**. Divorce or separation requires income information from **BOTH** parties.

\_\_\_\_\_ Provide a **non-filers statement** for the person who had the substantial drop in income along with **any W-2s from 2010 earnings from work**.

**2010 TOTAL NONTAXABLE INCOME**

Include **all** untaxed resources—Alimony, Child Support, Vocational Rehabilitation, Social Security, Unemployment Benefits, cash received or bills paid on your behalf.

Source(s)	Amount(s)	2010 ASSETS (stocks, bonds, rental home value, cash, checking, and savings accounts)	
_____	\$ _____		
_____	\$ _____	Value	Owed
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**Un-reimbursed Medical Expenses** both incurred and paid in 2010: \$ \_\_\_\_\_  
Documentation of incurred and paid expenses **MUST** accompany this form

Estimated High School, Jr. High and Elementary Tuition Expense: \$ \_\_\_\_\_ for \_\_\_\_\_ children.

How many people are in your household? \_\_\_\_\_

How many people are **now** in college at least half time? \_\_\_\_\_

**COMMENTS (You may attach a signed letter if further explanation is required):**

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**SIGNATURES:**

Student: \_\_\_\_\_ Date \_\_\_\_\_

Spouse (If Married, Independent Only) \_\_\_\_\_ Date \_\_\_\_\_

Parent (Dependent Student Only) \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL AID OFFICE USE ONLY:**

Decision \_\_\_\_\_

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Date \_\_\_\_\_