

2010-2011 SPECIAL CONDITION REVIEW FORM

Morrisville State College Financial Aid Office

Student's Name: _____ Social Security # _____

To evaluate your special condition request due to hardship or unusual circumstances, this signed statement documenting your estimated income and benefits must be returned to the Financial Aid Office at Morrisville State College, Morrisville, NY 13408. We will then re-examine your eligibility for assistance. If you have any questions, please contact our office at (315) 684-6289.

REASON: (please circle one)

- Loss of employment
- Loss of earnings due to disability or natural disaster
- Loss of untaxed income or benefits
- Separation or Divorce
- Death of a Parent
- One-time income (identify source and explain how funds were spent)

Other (please explain) _____

Expected 2010 (January - December) Taxable Income & Benefits

Gross Income expected to be earned by Father \$ _____

Gross Income expected to be earned by Mother \$ _____

Gross Income expected to be earned by Student \$ _____

Gross Income expected to be earned by Student's Spouse \$ _____

Other taxable income \$ _____
(ex: unemployment compensation, interest income, alimony, capital gains, pensions, social security benefits, net income from business, net income from farm, net income from rents, net income from partnerships)

Total Taxable Income \$ _____

Expected 2010 (January - December) Nontaxable Income and Benefits

(ex: social security, child support, welfare benefits, deductible IRA/Keogh, untaxed portion of pensions, annuities, insurance settlements, disability income, workers' compensation, subsistence and housing allowances, cash support, and any other income not subject to personal income taxes)

Total Nontaxable Income \$ _____

Certification: All of the information is true and complete to the best of my knowledge and I agree to give proof of the information (copies of tax returns) if asked by an authorized official.

Student's signature _____ Date _____

Spouse's signature _____ Date _____

Father's (Stepfather's) signature _____ Date _____

Mother's (Stepmother's) signature _____ Date _____