



Student's Name: _____ ID: _____ Stevens E-mail: _____
Last First

Stevens Institute of Technology recognizes that special circumstances may arise during the **2021, 2022, or 2023** calendar year, which can influence a student/family's ability to contribute towards your education. If there are special conditions that significantly changed in your family's financial circumstances, prior to filing your FAFSA or afterwards, you may complete this Special Conditions Request form. Federal Regulations and institutional policies require that special conditions fall within certain parameters and that they are accompanied with supporting documentation in order to recalculate financial need and eligibility.

Your request will be reviewed by the Office of Financial Aid and a decision will be based on the circumstances as detailed in this form and on the quality of additional documentation provided. Requests will not be reviewed until all documentation is received. The Office of Financial Aid may request additional documentation.

IMPORTANT: We are unable to consider circumstances that include, but are not limited to:

- High consumer debt
- Other discretionary spending
- Educational expenses for parent, siblings and/or other family members
- Expenses for grandparents, relatives, siblings, and/or other expenses for non-immediate family members
- Lifestyle expenses (pets, cars, housekeepers, vacations, weddings, home repairs, discretionary dental/medical procedures, etc.)

I. REASON(S) FOR THE SPECIAL CONDITIONS REVIEW REQUEST

- A. **Death of Parent or Spouse:** During the year 20 ____, a parent (or spouse, for independent students) passed away. Please document this with the following:
- Copy of death certificate
 - Description of any pending or finalized changes in assets (including life insurance benefits) included in Section 1
 - Information about the income change resulting from this event (social security benefits, pension and retirement, etc.). If unknown at this time, please indicate when information will be available.
- B. **Loss of Wages or Employment:** *Involuntary* loss of employment must be for a period of equal to or more than 12 weeks before submitting the form. Please provide the following documentation. NOTE: Loss of overtime earnings, bonus/commission earnings or change/reduction in income with respect to self-employment will not be considered.
- Final pay stub from previous employer
 - Letter/notification from employer verifying termination/change
 - Most recent pay stubs showing new/changed salary
 - Official statement of unemployment benefits (from state Department of Labor) indicating beginning and end dates of benefits
 - Official notification from employer regarding severance benefits received/expected
 - If parents are married – most recent pay stub of other parent
- C. **Divorce or Separation:** Subsequent to filing the FAFSA, you/your parent has become divorced or separated. Please provide the following documentation:
- Date separation/divorce occurred and identification of the custodial parent (if applicable). If joint custody, please identify the parent with which the child will reside more than 50% of the time
 - Copy of divorce decree or separation agreement
 - Details on the division of marital assets
 - Proof of separate residences from non-custodial parent (utility bills, lease/rental agreement, etc.)
 - Statement regarding child support and/or alimony payments expected to be paid or received in the current year

I. REASON(S) FOR THE SPECIAL CONDITIONS REVIEW REQUEST (CONTINUED)

- D. **Unusually High Medical and/or Dental Expenses:** You and/or your parent(s) can deduct only the amount of medical and dental expenses that exceed 7.5% of the adjusted gross income reported. Please provide documentation of expenses as follows:
 - o Copy of Schedule A (form 1040) – Itemized Deductions

- E. **Loss of Untaxed Income or Benefit:** A member of your family has lost untaxed income or benefit (i.e. social security benefits, child support, etc.). Please provide the following documentation:
 - o Letter from the agency that is terminating the benefit or your statement indicating the amount of the benefit in the current year and the date on which the benefit ended
 - o Official statement from agency indicating benefit expiration

- F. **Other Unusual Expenses Not Listed Above**
 - o Only item in Section I is required at the point of submission. Additional information may be requested as necessary.

Section II. Verification

All students submitting a Special Conditions Request review may be subject to an institutional verification process. Together with the documents outlined above, each request must also include a copy of the student/parent(s) federal tax return (IRS 1040) and corresponding W-2 forms. A separate request for verification documents may be sent to the student once the request has been reviewed. These documents may include but are not limited to: federal Tax Return Transcripts, current tax records and a Standard Verification Worksheet. The verification process may result in an increase or decrease to the student’s original financial aid offer.

Section III. Certification

I/We acknowledge that submission of this request does not guarantee an adjustment to the student’s financial aid award and understand that if any projections submitted in this request change, I/we will immediately notify the Office of Financial Aid.

I/We hereby certify that the information as submitted is true and correct to the best of my/our knowledge.

STUDENT SIGNATURE _____ DATE _____

PARENT LAST NAME _____ PARENT FIRST NAME _____

(If student is dependent)

(If student is dependent)

PARENT SIGNATURE _____ DATE _____

(If student is dependent)