

## 2020-2021 Special Conditions Form (FY20)

Student Name: \_\_\_\_\_ Heidelberg OASIS ID: \_\_\_\_\_

Parent Contact Information:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Before you can be considered for an appeal, you must have already filed your 2020-2021 Free Application for Federal Student Aid (FAFSA).

The Higher Education Amendments (HEA) of 1994 gave financial aid administrators the authority to make adjustments to an individual student's federal aid application based on special circumstances within the household. The Heidelberg University Financial Aid Staff will review and, when appropriate, make adjustments to a student's state and federal aid when a student, spouse, or parent has demonstrated special circumstances. All requested documentation must be received, along with this form, before a review will occur.

Please indicate with an "x" the reason for your change of income. Mark all that apply. Be sure to complete the "Estimated 2020 Income Benefits" section.

### Reduction of Income:

Action resulting in the loss of income must have occurred **at least 10 weeks prior** to special circumstance request.

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|--|--|
| <input type="checkbox"/> Layoff, plant closing, reduction of hours, termination or retirement. Provide a letter from employer stating effective date and anticipated return (if applicable). | <input type="checkbox"/> Child Support. Provide a letter or court document stating termination date of benefit.                            |
| <input type="checkbox"/> Alimony. Provide court document(s) stating termination date of benefit.   | <input type="checkbox"/> Worker's Compensation. Provide a letter from Bureau of Worker's Compensation stating termination date of benefit. |
| <input type="checkbox"/> Unemployment. Provide a letter from the unemployment office stating termination date of benefit.  | <input type="checkbox"/> Change in Employment. Provide letter explaining change and complete estimated income on back.                     |

### Disability:

Provide a letter from a doctor stating the disability date and prognosis for returning to work. Attach a letter verifying disability benefits from Social Security, Worker's compensation, employer or other agency.

### Separation/Divorce/Death:

Provide a copy of the separation agreement, divorce decree, or death certificate if you have incurred a separation, divorce, or death since filing your 2020-2021 FAFSA. Include persons for whom you/your custodial parent will provide more than half support between July 1, 2020 through June 30, 2021 and persons who will attend college at least half-time (6 credit hours).

Number in household in 2020-2021: \_\_\_\_\_. Number in college in 2020-2021: \_\_\_\_\_.

### Other Unusual Expenses Paid:

PLUS (Parent Loan for Undergraduate Students). Verify monthly obligation by attaching copy of payment coupon or monthly statement.

Unusual Medical and Dental Expenses. Expenses are considered unusual if they exceed 11% of the family's income. Please attach photocopy of the 2019 Schedule A for excessive medical expenses.



310 E. Market St. | Tiffin, OH 44883  
419.448.2293 | financial-aid@heidelberg.edu

**COMPLETE BOTH SIDES**

**Estimated 2020 Income Benefits:**

Using the chart below, enter the total yearly income that you and your parents or spouse expect to receive from January 1, 2020 through December 31, 2020. If an answer is none, use "0".

<b>Taxable Income</b>		<b>Non-Taxable Income</b>	
	Estimated 2020		Estimated 2020
Wages, salaries, tips:			
	Father \$ _____	Child Support Received by All Members of the Family	\$ _____
	Mother \$ _____		
	Spouse \$ _____	IRA Contributions	\$ _____
	Self/Student \$ _____	Payments to tax-deferred pension plans	\$ _____
Pensions & Annuities	\$ _____	Any other non-taxable income i.e., worker's compensation	\$ _____
Interest and Dividend Income	\$ _____	<b>TOTAL Non-Taxable Income</b>	<b>\$ _____</b>
Unemployment	\$ _____		
Any Other Taxable (i.e., pension/severance pay)	\$ _____		
<b>TOTAL Taxable Income</b>	<b>\$ _____</b>		

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**Certification Statement:**

I/We certify that all information and documentation that I/we have provided pertaining to this appeal is true and complete.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
*required for dependent students*

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The Office of Financial Aid will review this appeal. You will be notified via email of the decision. Supporting documentation requested must be attached to this appeal. Return completed form with attachments to:

**Office of Financial Aid**

Heidelberg University  
310 E. Market St.  
Tiffin, OH 44883

(T) 419.448.2293  
(F) 419.448.2296