

2018-2019 Special Conditions Form (FY17)

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 2018-2019 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 2017 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.

- | | |
|--|--|
| <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 2018-2019 FAFSA. Include persons for whom you/your custodial parent will provide more than half support between July 1, 2018 through June 30, 2019 and persons who will attend college at least half-time (6 credit hours).

Number in household in 2018-2019: _____. Number in college in 2018-2019: _____.

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 2017 Schedule A for excessive medical expenses.



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

COMPLETE BOTH SIDES

Estimated 2017 Income Benefits:

Using the chart below, enter the total yearly income that you and your parents or spouse expect to receive from January 1, 2017 through December 31, 2017. If an answer is none, use "0".

Taxable Income		Non-Taxable Income	
	Estimated 2017		Estimated 2017
Wages, salaries, tips:			
Father \$	_____	Child Support Received by All	\$ _____
Mother \$	_____	Members of the Family	
Spouse \$	_____	IRA Contributions	\$ _____
Self/Student \$	_____	Payments to tax-deferred	\$ _____
Pensions & Annuities	\$ _____	pension plans	
Interest and Dividend Income	\$ _____	Any other non-taxable income	\$ _____
Unemployment	\$ _____	i.e., worker's compensation	
Any Other Taxable	\$ _____	TOTAL Non-Taxable Income	\$ _____
(i.e., pension/severance pay)			
TOTAL Taxable Income	\$ _____		

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

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



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