

# Walden University

## 2016-2017 Special Condition Application – Independent Student

Student Name: \_\_\_\_\_ Walden ID/SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ City State Zip Code

Daytime Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **THIS FORM DOES NOT APPLY TO A GRADUATE STUDENT**

This application is for a review of special circumstances that have arisen, which you feel may change your financial aid eligibility. We require that certain documents **MUST** be provided to support the specific special condition selected by you and/or your spouse. We start with an evaluation of the accuracy of the information that you submitted on your Free Application for Federal Student Aid (FAFSA). We will evaluate the supporting documents along with your FAFSA to determine if you are eligible for any adjustments.

The United States Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of expected year income, instead of prior year income to calculate a student's eligibility. The student's situation **MUST** meet one of the criteria used by Walden University as a special condition. This means that a student who meets a special condition in the 2016-2017 award year may have his/her eligibility calculated using expected income from 2016.

### **Required Documentation for All Conditions**

- 2015 IRS Tax Return Transcript for student and spouse (if applicable). If you filed separate from their spouse, you must provide both IRS Tax Return Transcripts.
- 2016-2017 Independent Verification Worksheet

**YOUR REQUEST WILL NOT BE CONSIDERED IF THE ABOVE REQUIRED DOCUMENTATION IS NOT PROVIDED.**

### **No Guarantee**

Reporting a special condition does not guarantee that an adjustment will be made. The Federal Government has strict guidelines that the university must follow in these situations. The Office of Financial Aid may deem that the condition does not fit the spirit of the federal regulations governing financial aid programs. **ALL DECISIONS MADE BY THE OFFICE OF FINANCIAL AID WILL BE FINAL.**

### **Notification**

The Office of Financial Aid will review your Special Condition Application on a chronological basis. That is, applications are reviewed in the order of the date of submission. If the application is approved, the student will receive an email reflecting the approval. If the application is denied, the student will be notified as such by email. Lack of notice means the application has not been reviewed as of yet.

### **Situations that do NOT qualify as a Special Condition**

Examples would include, but are not limited to:

- a student/spouse who decides to quit their job,
- a student/spouse who decides to reduce their work hours to attend school,
- consideration of expenses that are being paid on a regular basis (household bills/credit cards, car payments, mortgage payments)

**Special Condition Application (con't)**

**Instructions for Completion**

1. Complete only the sections that apply to your situation and provide all required documentation.
2. Provide all requested signatures. Write student name and Walden ID/SSN across the top of all documents.
3. If additional information is required, you will be notified promptly.

**Explanation of Conditions and Additional Required Documents**

**LOSS OF INCOME SECTION**

\_\_\_\_\_ Student was employed full-time (at least 35 hours per week) for at least 30 weeks in 2015, but is not working full-time now.

\_\_\_\_\_ Number of weeks worked full-time in 2016

\_\_\_\_\_ Number of hours worked per week in 2016

**Required Documentation:**

Notice of termination/cessation from employer OR notice of reduction of hours to less than full-time  
 Copy of most recent pay stub(s) or statement of earnings to date  
 Notice of application for unemployment compensation (if applicable) and amount received  
 Documentation of all other sources of student and/or spouse's income (taxable and non-taxable)  
 Notification of Worker's Compensation (if applicable)  
 Employer disability payments (if applicable)  
 Personalized, detailed letter from student stating the reason for requesting a special condition

\_\_\_\_\_ Spouse, who earned money in 2015, has lost his/her full-time employment for at least 10 consecutive weeks in 2016.

**This must be a complete loss of employment.**

\_\_\_\_\_ Number of weeks your spouse has been unemployed in 2016

**Required Documentation:**

Notice of termination/cessation from employer OR notice of reduction of hours to less than full-time  
 Letter from spouse documenting loss of employment circumstances  
 Copy of most recent pay stub(s) or statement of earnings to date  
 Notice of application for unemployment compensation (if applicable) and amount received  
 Documentation of all other sources of student and/or spouse's income (taxable and non-taxable)  
 Notification of Worker's Compensation (if applicable)  
 Employer disability payments (if applicable)  
 Personalized, detailed letter from student stating the reason for requesting a special condition

\_\_\_\_\_ The student or spouse loss of employment due to disability or natural disaster for more than 10 consecutive weeks in 2016.

**This must be a complete loss of employment.**

\_\_\_\_\_ Number of weeks you/spouse were unable to earn money in 2016

**Required Documentation:**

Attending doctor's statement of disability  
 Date disability resulted in termination of employment  
 Documentation of Official Declaration of Natural Disaster Status (if applicable)  
 Copy of most recent pay stub(s) or statement of earnings to date  
 Notice of application for unemployment compensation (if applicable) and amount received  
 Documentation of all other sources of student and/or spouse's income (taxable and non-taxable)  
 Notification of Worker's Compensation (if applicable)  
 Employer disability payments (if applicable)  
 Personalized, detailed letter from student stating the reason for requesting a special condition

### **Special Condition Application (con't)**

\_\_\_\_ Student or spouse loss or reduction of untaxed income or benefit for more than 10 consecutive weeks in 2016.

Please circle which benefit(s) applies:

Unemployment    Social Security    Disability    Welfare    Court Ordered Child Support

\_\_\_\_\_ Date of last payment received from benefit provider

**Required Documentation for all situations of loss of benefits listed above:**

Notice of application for unemployment compensation and amount received (unemployment benefit loss only)

Notice of loss or reduction of benefit (court documents verifying loss or reduction if benefit is child support)

Copy of most recent pay stub(s) or statement of earnings to date (also spouse if applicable)

Documentation of all other sources of income (taxable and non-taxable)

Personalized, detailed letter from student stating the reason for requesting a special condition

## CHANGE IN MARITAL STATUS SECTION

\_\_\_\_ You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, you and your spouse have separated or divorced.

\_\_\_\_\_ Date of separation/divorce

**Required Documentation:**

Court documented separation agreement OR divorce decree/settlement

If not legally separated, documentation to support separate residency (such as copy of lease, deed, or utility bills)

Personalized, detailed letter from student stating the reason for requesting a special condition

\_\_\_\_ You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and your spouse has died.

\_\_\_\_\_ Date your spouse became deceased

**Required Documentation:**

Copy of spouse's death certificate

## EXTRAORDINARY MEDICAL EXPENSES

\_\_\_\_ The student/spouse had medical/dental expenses NOT paid by insurance in 2015 that exceeds 11% of the family's adjusted gross income.

**Required Documentation:**

Copy of Schedule A of your/spouse's 2015 Federal Income Tax Return OR receipts for medical/dental payments (receipts must include documentation that insurance will not pay at a later date)

\_\_\_\_ The student paid nursing home expenses not covered by insurance during 2015

**Required documentation:**

Account ledger from nursing home stating expense amounts billed and paid in 2015

Special Condition Application (con't)

**EXTRAORDINARY EDUCATION (elementary/secondary) OR DAYCARE EXPENSES**

\_\_\_\_ The student paid elementary and/or secondary education expenses in 2015.

**Required documentation:**

Account ledger from school stating expense amounts billed and paid in 2015

\_\_\_\_ The student paid unusually high dependent care expenses in 2015.

**Required Documentation:**

Account ledger from daycare center stating expense amounts billed and paid in 2015

**FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION WILL RESULT IN NO FURTHER PROCESSING OF THIS REQUEST**

I certify that the information provided on this form is true and complete to the best of my knowledge. I agree to provide additional proof of the information that I have given on this form if asked by the Office of Financial Aid. I understand that the decision made by the Office of Financial Aid will be FINAL. I further understand that purposely giving false misleading information may subject me to fines and/or penalties.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Date