



## 2019-20 Special Condition Application

Student Name \_\_\_\_\_ ETBU Student ID \_\_\_\_\_

This form may be used for the 2019-20 school year if your family experienced a change in financial circumstances that lowered your family's income for 2019. **You may be eligible for a recalculation of your aid eligibility due to job or benefit loss, income reduction, separation/divorce, death, illness, or disability.**

All applicants must first complete the 2019-20 Free Application for Federal Student Aid (FAFSA). You and/or your spouse/parents must then provide documentation of your financial change. This information is used to determine if your financial aid award will be adjusted.

### Instructions and Supporting Documentation:

Check the box below to indicate the circumstance(s) you would like us to consider. Along with this cover sheet, please submit a letter explaining the circumstance(s) you would like us to consider, as well as the supporting documentation that is listed under each situation you select. Our office must receive your 2019-20 FAFSA or TASFA before we can review your request.

- Loss of Employment**  
(e.g. loss of a job or reduction in hours/wages)
  - Letter explaining the situation you would like us to consider
  - Last check stub(s) from previous employer(s) or explanation of benefits letter from a state unemployment agency
  - Letter from previous employer(s) confirming date of termination
  - An estimate of 2019 income from all sources, including unemployment insurance and severance OR a copy of the IRS 2018 Tax Return Transcript (if 2018 income is expected to be similar to 2019 income)
  
- Loss of Benefits**  
(e.g. loss/reduction of child support, taxable Social Security, military benefits, etc.)
  - Letter explaining the situation you would like us to consider
  - Last check stub(s) or printout of the benefit(s) received
  - Letter from agency verifying date(s) and amount(s) of benefits lost; for child support, a copy of the divorce decree/court order
  
- Deduction of One-Time Payment**  
(e.g. pension/annuity/IRA distribution, gambling winnings, settlement, etc.)
  - Letter explaining the situation you would like us to consider
  - Receipt(s) and/or statement(s) showing amount of the one-time payment and where one-time payment was spent
  - Copy of bank account statements
  - Estimate of 2019 income OR a copy of the IRS 2018 Tax Return Transcript (if 2018 income is expected to be similar to 2019 income)
  
- Death of a Spouse or Parent after the FAFSA was filed**
  - Letter explaining the situation you would like us to consider
  - Copy of death certificate
  - Estimate of 2019 income for surviving spouse OR copy of the IRS 2018 Tax Return Transcript (if 2018 income is expected to be similar to 2019 income)

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Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Processed By: \_\_\_\_\_ Code: SPECIAL CONDITION

**Separation or Divorce after the FAFSA was filed**

- Letter explaining the situation you would like us to consider
- Court documentation verifying legal separation or divorce
- Estimate of 2019 income for custodial parent/independent student OR a copy of the custodial parent's/student's IRS 2018 Tax Return Transcripts (if 2018 income is expected to be similar to 2019 income)

**Extraordinary Medical Expenses NOT covered by insurance**

*Note that we cannot consider **unpaid** medical expenses/bills as part of a request for this category*

- Letter explaining the situation you would like us to consider
- Copy of medical bills and receipts/proof of payment

**CERTIFICATION:** All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. income tax return. I also realize if I do not give proof when asked, the student may not be processed for financial aid.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Spouse signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return this form and any attachments to:**

**Office of Financial Aid – East Texas Baptist University | One Tiger Drive, Marshall, TX 75670 | Phone: 903-923-2138**

**Email: [financialaid@etbu.edu](mailto:financialaid@etbu.edu) | Fax: 903-934-8120**

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Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Processed By: \_\_\_\_\_ Code: **SPECIAL CONDITION**

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