

**Nazareth College
Financial Aid Office**

Special Condition Review Form - Award Year 2011-2012

Student's Name: _____ **Social Security #:** _____

To evaluate your special condition request due to hardship or unusual circumstances, this signed statement documenting your estimated income and benefits must be returned to the Financial Aid Office, Nazareth College, 4245 East Ave., Rochester, NY 14618. **In addition, supporting documentation such as 2010 income tax returns and pay stubs and/or employment letters must be attached.** We will then re-examine your eligibility for assistance. If you have any questions, contact our office at (585) 389-2310.

Reason	Date (Mo./Day/Yr.)
Loss or change of employment	_____
Loss of earnings due to disability or natural disaster	_____
Loss of untaxed income or benefit	_____
Separation or Divorce	_____
Death of a Parent	_____
One-time income (identify source and explain how funds were spent)	_____

Other (please explain) _____	

Expected 2011 (January - December) Taxable and Nontaxable Income & Benefits

A.	Gross Income earned from work by father (stepfather).....	\$	_____
B.	Gross Income earned from work by mother (stepmother).....	\$	_____
C.	Other Taxable income.....	\$	_____
	For example: unemployment compensation, interest, alimony, capital gains, pensions, Social security, net income (loss) from business, farm, rents, partnerships		
D.	Total Taxable Income (A + B + C).....	\$	_____
E.	Total Nontaxable Income & Benefits.....	\$	_____
	For example: social security, child support, welfare benefits, earned income credit, Deductible IRA/Keough, untaxed portion of pensions (excluding rollovers), annuities, Insurance settlements, disability income, subsistence and housing allowance, workers' Compensation, cash support, and any other income not subject to personal income tax		
	Total Taxable & Nontaxable Income & Benefits (D + E).....	\$	_____

Expected 2011 US Income Tax Paid.....\$ _____

Certification: All of the information is true and complete to the best of my knowledge and I agree to give proof of the information (copies of 2011 tax returns once completed) to the Financial Aid Office.

Student's signature	Date	Spouse's signature	Date
Father's/Stepfather's signature	Date	Mother's/Stepmother's signature	Date

Office Use Only
FAA Recalculated EFC: _____ Signature _____ Date _____