The Special Conditions Review Form is used to report changes in circumstances that occur after filing the Free Application for Federal Student Aid (FAFSA) or to report circumstances that affect the family’s ability to contribute toward college costs. The WSU Student Financial Aid Office reviews information reported to determine whether changes can be made. Check the condition(s) that apply to your parents and complete the applicable questions on the back.

**CHANGE IN INCOME**

**PARENT UNEMPLOYED** (A parent who was employed in 2013 has become unemployed in 2014.)
- Attach a written statement indicating the date and reason your parent became unemployed.
- Attach a copy of your parents’ 2013 IRS tax transcript unless they used the IRS data retrieval on your FAFSA.
- Attach a copy of each parent’s most recent paystub(s) from all employers.
- Attach a copy of unemployment benefits your parent will receive from your state job service office.
- Attach a copy of any severance pay that was or will be received.
- Complete the parent income table on page 2.

**REDUCTION IN EARNINGS OR LOSS OF OTHER INCOME**
2014 income will be/is less than 2013 income listed on the FAFSA. This could include a reduction in earnings, loss of child support, loss of taxable social security benefits, etc. We do not consider changes in income due to one-time bonuses, withdrawals from retirement accounts, inheritance, or gambling winnings or losses.
- Attach a written statement outlining the amount of income that was lost or reduced, the date the change became effective and the reason for the loss of income.
- Attach a copy of your parents’ 2013 IRS tax transcript unless they used the IRS data retrieval on your FAFSA.
- Complete the parent income table on page 2.

**CHANGE IN HOUSEHOLD SIZE THAT OCCURRED AFTER FILING YOUR FAFSA**

**DIVORCE OR SEPARATION OF PARENTS**
Answer the questions about the parent you lived with the most in the last 12 months. If you didn’t live with either parent, or you lived with each parent an equal number of days, answer the questions about the parent who provided the greater amount of support to you.
- Attach a copy of the divorce decree or proof of separation (court order, statement from attorney or clergy).
- Attach a written statement identifying the custodial parent. Also provide the names, ages, and the relationship of the family members that the custodial parent will support through June 30, 2015.
- Attach a copy of your parents’ 2013 IRS tax transcript and 2012 W2’s.
- Complete the parent income table on page 2.

**DEATH OF PARENT**
If both parents have died, do not complete this form, please contact the Financial Aid Office instead.
- Please provide a written statement indicating your parent’s name and date of death.
- Attach a copy of your parents’ 2013 IRS tax transcript and 2013 W2’s.
- Complete the parent income table on page 2.

**EDUCATIONAL EXPENSES**

**PRIVATE TUITION EXPENSES AT AN ELEMENTARY OR SECONDARY SCHOOL**
- Attach a copy of the 2013 tuition statement outlining costs and financial aid awarded, for each dependent child attending private elementary or secondary school (do not include expenses for the child who will be attending college in 2014-2015).
- If your parents are divorced or separated, and the non-custodial parent provides assistance toward the private tuition, provide a statement indicating the amount of assistance.

**PARENT ATTENDING COLLEGE IN 2014-2015**
A parent can only be considered as a family member in college on the FAFSA if they are enrolled in a postsecondary school at least half-time to obtain a degree.
- Attach a letter from the Registrar’s Office of the parent’s school, documenting that the parent is at least a half-time student seeking a degree.
UNUSUALLY HIGH MEDICAL AND DENTAL EXPENSES NOT REIMBURSED OR COVERED BY INSURANCE

☐ Attach a signed statement itemizing out of pocket medical or dental expenses you paid in 2013. These expenses should not include amounts covered by insurance, company health plans, self-employed health deductions or insurance premiums.

☐ Attach documentation as provider statements, pharmacy statements, cancelled checks, or paid receipts.

☐ Attach a copy of your parents 2013 IRS tax transcript unless they used the IRS data retrieval on your FAFSA.

OTHER UNUSUAL CIRCUMSTANCE

☐ Attach a signed statement summarizing any other unusual circumstances that you want the Financial Aid Office to take into consideration. Please provide applicable documentation to support your unusual circumstance.

PARENT INCOME TABLE

<table>
<thead>
<tr>
<th>Description</th>
<th>Received to date From 1/1/14-today</th>
<th>Still expected in 2014 From today to 12/31/14</th>
<th>Total for 2014: From 1/1/14-12/31/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s 2014 estimated taxable income. This item should consist of the parents expected 2014 adjusted gross income. This should include, but not limited to, income earned from work, unemployment compensation, taxable retirement payments, and taxable social security payments.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Father’s 2014 expected earnings from work:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Mother’s 2014 expected earnings from work:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment compensation:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support received for all children:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Parent’s 2014 expected untaxed income such as: Payments to tax-deferred pension/savings plan. Deductible IRA and/or Keogh payments. Untaxed portions of pensions. Worker’s Compensation. Other untaxed income and benefits. Do not include social security payments.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Parent’s estimated payment of child support in 2014. On a separate sheet of paper provide a list of the name of the person who paid the child support, the name of the person to whom the child support was paid, the name of the child for whom the child support was paid, and the amount paid or will be paid.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

The name of the Financial Aid Counselor that I talked with about my special conditions review was ____________________________.

I certify that the information contained in this appeal, including any supporting documentation, is accurate and true to the extent of my knowledge and belief.

____________________________________  _________________________________________
Student Signature   Date  Signature of Applicable Parent  Date

Phone number: ___________________________________________  Email: ______________________________________

Please return form and supporting documentation to: Winona State University, Financial Aid Office, PO Box 5838, Winona, MN 55987 or fax: (507) 457-5628.