



2016-2017

SPECIAL CONDITIONS – ONE-TIME INCOME EXCLUSION

STUDENT NAME _____ ID# _____ PHONE # _____

Deadlines for submitting this form:

Nov. 1, 2016 – if fall 2016 is your last semester at Boise State; **April 1, 2017** – if you will attend spring 2017 at Boise State;
Summer only students – whichever date is earlier: 3 weeks before the end of your last session, or July 15, 2017

If you or your family has unusual circumstances which may affect your ability to pay educational expenses, the Boise State Financial Aid Office will re-evaluate your financial aid eligibility. Special Conditions requests are considered on a case-by-case basis and approval is not guaranteed.

Use this form if you want us to consider excluding a portion or all of a one-time income event. Income exclusions may be considered for situations in which the one-time income was used to pay for unexpected or extraordinary expenses such as medical or funeral expenses. Income exclusions may also be considered for an IRA conversion to a Roth IRA.

What kind of one-time income are you seeking to exclude? _____

One-time income may include, but is not limited to: Capital Gains, IRA distributions, Pensions, Inheritances, or Legal Settlements.

Amount of the income you want us to exclude? \$ _____

Instructions for submitting the Income Exclusion form:

- Attach a letter explaining your unique circumstances.** Specify why this one-time income should be excluded. Provide a detailed explanation for how this money was used.
- Attach documentation.**
 - Verified income information on 2016-2017 FAFSA is required: Use **the IRS Data Retrieval Tool** within the 2016-2017 FAFSA, **OR** attach your **2015 Federal Tax Return Transcript** which can be requested from www.irs.gov/transcript or your local IRS office. (NOTE: A transcript is different from your tax return.)
 - Documentation of IRA rollover
 - Documentation/receipts for use of income
- Sign the Certification below.** Student signature is required. Independent students: if you are married, your spouse must sign. Dependent students: one of your parents must sign.

CERTIFICATION: I certify the information provided above is true. I understand if I use false information to establish eligibility for federal student financial aid, I could be subject to a fine, jail, or both.

Student _____ Date _____ Spouse _____ Date _____

Parent 1 _____ Date _____ Parent 2 _____ Date _____

Special Conditions requests are considered on a case-by-case basis and approval is not guaranteed. You may be asked to submit additional documentation or explanations of your circumstances. Check your BroncoMail frequently for any follow up questions resulting from the review of this form.