



**2016-2017**

**SPECIAL CONDITIONS**

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. Use this form only if the income of a person listed on your FAFSA has changed. Check the appropriate reason below and attach documents as indicated.

**All situations require:**

- Attach a letter explaining your unique circumstances. Be specific about expenses or income changes.
- Attach a signed copy of your 2015 federal tax return and all associated schedules (and parents', if applicable).

<input type="checkbox"/> <b>Divorce or separation</b> (with intent to divorce, must live at separate addresses): <ul style="list-style-type: none"> <li>o Date of divorce/separation: _____</li> <li>o Attach divorce decree or documentation of separate residences</li> <li>o Number of people now in household: _____ and number in college: _____</li> <li>o If it is your parents divorcing, how much financial support did you receive in 2015 from the parent whose information is being removed from the FAFSA? \$ _____</li> <li>o For all people on your FAFSA, attach all W-2/1099 forms associated with 2015 federal tax returns</li> </ul>	<input type="checkbox"/> <b>Disability of student, spouse, or parent:</b> <ul style="list-style-type: none"> <li>o Date disability occurred: _____</li> <li>o Attach proof of disability (medical documentation; letter from Vocational Rehabilitation; etc.)</li> <li>o Attach projection of family's income for current calendar year (2016 or 2017)</li> <li>o Attach copy of current year-to-date pay stub(s) from all jobs held in 2015</li> <li>o Attach proof of disability income</li> </ul>
<input type="checkbox"/> <b>Loss of social security, disability benefits, or child support:</b> <ul style="list-style-type: none"> <li>o Date benefits stopped: _____</li> <li>o Attach documentation from agency providing benefits that states when benefits cease and amount received in 2016</li> </ul>	<input type="checkbox"/> <b>Death of spouse or parent:</b> <ul style="list-style-type: none"> <li>o Date of death: _____</li> <li>o Attach document showing date of death</li> <li>o Attach copies of all W-2/1099 forms associated with deceased's 2015 federal tax return</li> <li>o Anticipated life insurance claim amount: \$ _____</li> </ul>

Special Conditions are considered on a case-by-case basis and approval is not guaranteed. You may be asked to submit additional documents or explanations of your circumstances. Check your BroncoMail for any follow-up questions. 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 \_\_\_\_\_