



Special condition form for independent student
(2016-17 academic year)

Student's Name: _____ Student ID _____
(Please print)

Federal regulations permit the use of anticipated 2016 income for establishing eligibility for the Federal Pell Grant program for the 2015-16 year if an independent student qualifies under one or more of the prescribed special conditions listed below.

- 1) The student was employed full time in 2016 (at least 35 hours per week for a minimum of 30 weeks during 2016) and is no longer employed full time.
2) A spouse whose 2016 income from work must be reported on the FAFSA has lost his or her job and remained unemployed for at least 10 weeks during 2016.
3) The student or spouse whose 2015 income from work must be reported on the FAFSA has been unable to pursue normal income-producing activities for at least 10 weeks during 2015 because of the occurrence in 2014 or 2015 of:
Disability. A natural disaster.
4) The student or spouse whose 2014 income from work must be reported on the FAFSA received unemployment compensation or nontaxable income in 2014 and had a complete loss for at least 10 weeks of those benefits.
5) The student has become separated or divorced after he or she submitted his or her application.
6) A spouse whose 2014 income from work must be reported on the FAFSA has died after the student has submitted his or her application.
7) The student's last surviving parent with whom the student had a dependency relationship, by virtue of not meeting the independent student criteria in section 411F(12)(A) of the HEA, has died after the student has submitted his or her application.

Give a brief explanation of the situation: _____

Anticipated 2016 income

Estimates in this section must include all taxable and non-taxable income received from January 1, 2016 through the date of this affidavit, plus estimated amounts that you expect to receive from the date of this affidavit to December 31, 2016

(Attach earnings records or other available documentation.)

Student's projected 2016 gross earnings: \$ _____ Spouse \$ _____
Student's projected 2016 unemployment compensation: \$ _____ Spouse \$ _____
Student 2016 other non-taxable income: \$ _____ Spouse \$ _____
Spouse 2016 other taxable income: \$ _____ Spouse \$ _____

Statement and certification

Please note: Include a signed 2015 federal tax return with this form. Additional information may be requested after reviewing this form.

I hereby certify that the information stated on this form is true and complete to the best of my knowledge.

Signature - Student

Date

Return form to: Student Financial Aid Office Phone: (574) 535-7525
Goshen College Toll free (800) 348-7422
1700 South Main Street Fax: (574) 535-7654
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