



Special Condition Form for Independent Student
2021-22 Academic Year

Student's Name: _____

Student ID _____

(Please print)

Federal regulations permit the use of anticipated 2021 income for establishing eligibility for the Federal Pell Grant program for the 2021-22 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 2020 (at least 35 hours per week for a minimum of 30 weeks during 2020) and is no longer employed full time.
2) A spouse whose 2020 income from work must be reported on the FAFSA has lost his or her job and remained unemployed for at least 10 weeks during 2020.
3) The student or spouse whose 2020 income from work must be reported on the FAFSA has been unable to pursue normal income-producing activities for at least 10 weeks during 2020 because of the occurrence in 2019 or 2020 of:
Disability. A natural disaster.
4) The student or spouse whose 2020 income from work must be reported on the FAFSA received unemployment compensation or nontaxable income in 2020 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 2020 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 2021 income

Estimates in this section must include all taxable and non-taxable income received from January 1, 2021 through the date of this affidavit, plus estimated amounts that you expect to receive from the date of this affidavit to December 31, 2021

(Attach earnings records or other available documentation.)

Student's projected 2021 gross earnings: \$ _____ Spouse \$ _____

Student's projected 2021 unemployment compensation: \$ _____ Spouse \$ _____

Student 2021 other non-taxable income: \$ _____ Spouse \$ _____

Spouse 2021 other taxable income: \$ _____

Statement and certification

Please note: Include a signed 2019 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		
	Goshen, Indiana 46526	E-mail:
finaid@goshen.edu		
	Federal School Code: 001799	
	www.goshen.edu	