



SPECIAL CONDITION FINANCIAL AID APPLICATION 2023-2024 Academic Year

Please check one of the following: Continuing Student New Student

_____ Student's Last Name	/	_____ First	/	_____ M.I.	_____	King's ID # or Student's SSN
_(_____)_____ Student's Preferred Phone Number	-	_____ Student's Date of Birth			_____	Student Preferred Email
_____ Parent's Name		_____ Parent Preferred Email		_____	_(_____)_____ Parent Preferred Phone Number	

The Special Conditions Form is for families who have experienced extenuating circumstances that may not be accurately reflected in the information provided on the FAFSA. If approved, your financial aid eligibility will be determined by your projected annual income for **2023**. Before your request can be considered, a processed 2023-2024 Free Application for Federal Student Aid (FAFSA) **must** be on file with King's College.

If the FAFSA has provided you with an Expected Family Contribution of \$0, you are **NOT ELIGIBLE** to complete this form as you have already reached maximum eligibility.

PLEASE BE ADVISED:

- **You are responsible for payment regardless of applying for Special Condition consideration.**
- **Appeals do not guarantee an increase to the financial aid already awarded.**
- **Your institutional aid may not be increased because of this appeal process.**

Please provide as much information as possible. Each request is evaluated on a case-by case basis. Because of the individualized nature of these requests, we may need to request additional information. If we do, we will contact you via email.

All communications regarding approval, denial or requests for additional information will be directed to the student's preferred email address.

- If you had to provide parental data on your FAFSA, complete this form as a **"Dependent"** student.
- If you were not required to provide any parental data on your FAFSA, then you are an **"Independent"** Student.

REASON FOR YOUR SPECIAL CONDITIONS

- 1. Explanation of Your Circumstances (to be completed by the parent or independent student): On a separate piece of paper, please provide specific dates and reasons as to when and why income changes occurred. Be specific and list events in chronological order. Why the family's 2023 income will be reduced.**

Check all the conditions below that describe your situation and **attach** the required documentation.

- **Death of a Parent or Spouse after filing the 2023-2024 FAFSA**
 - Enter the date of death: _____
 - Attach** a copy of the death certificate
- **Separation or Divorce student/parent after filing the 2023-24 FAFSA.**
 - Enter date of marital separation/divorce: _____
 - Court documentation verifying legal separation or divorce
 - In the case of separation, please provide a MINIMUM of two utility bills from each parent that clearly shows name and street address. Examples are cable/internet, electric gas, garbage, water, and sewer
- **Untaxed income as reported on the FAFSA for 2021 has ceased or has been reduced by 20% or more.** Examples include child support, disability pay, combat pay, workers compensation or other).
 - Enter date of change: _____
 - Attach** supporting documentation of termination of benefits or date of change. (i.e. court document, Social Security Administration letter, Dept. of Social Services letter, DD-214)
- **Parent, student, or student's spouse suffered permanent and total disability on or after January 1, 2022.**
 - Enter date of disability: _____
 - Attach** a signed letter from a physician stating the extent and duration of disability
 - Attach** documentation of year-to-date income **for 2023**
 - Attach** a Disability Benefit Statement from the Social Security Administration/Workmen's Compensation
- **Parents/Student/Student's Spouse experience a 20% or more reduction in annual income because of job loss; unemployed for at least two full months or has experienced a change in employment status which will result in an income reduction on or after January 1, 2023**
 - Enter date of termination/resignation or change in pay: _____
 - Attach** a copy of termination notice from employer or letter of resignation
 - Attach** a copy of your **last** pay stub from all employers showing year-to-date earnings
 - Attach** a copy of any most **recent** pay stubs from all current jobs for parent, student or student's spouse
 - Attach** a copy of benefit statement from Unemployment Administration showing monthly benefit or denial of benefits
 - Attach** a copy of retirement distribution or statement

REQUIRED DOCUMENTS

2. Tax Information

Dependent Students:

- Parent(s)/Stepparent 2021 complete and signed U.S. Federal Tax Return with all Schedules**
- Parents 2021 Wage and Tax statements (W-2 forms and/or 1099's) for all 2021 employers**
- Parent(s)/Stepparent 2021 complete and signed U.S. Federal Tax Return with all Schedules**
- Parents 2022 Wage and Tax statements (W-2 forms and/or 1099's) for all 2022 employers**
- Student's 2021 complete and signed U.S. Federal Tax Return with all Schedules**
- Student's 2021 Wage and Tax statements (W-2 forms and/or 1099's) for all 2021 employers**

Independent Students:

- Student/Spouse 2021 complete and signed U.S. Federal Tax Return with all Schedules**
- Student/Spouse 2021 Wage and Tax statements (W-2 forms and/or 1099's) for all 2021 employers**
- Student/Spouse 2022 complete and signed U.S. Federal Tax Return with all Schedules**
- Student/Spouse 2022 Wage and Tax statements (W-2 forms and/or 1099's) for all 2022 employers**

3. Estimated 2023 Income Worksheet (Attached)

4. 2023-2024 Student Household Worksheet – **Please check one**

- Dependent student
- OR
- Independent student

ESTIMATED 2023 INCOME WORKSHEET - COMPLETE BOTH WORKSHEETS

<u>TOTAL 2023 GROSS TAXED INCOME FROM JANUARY 1, TO DECEMBER 31, 2023</u>		
Dependent Students	FATHER/STEP-FATHER	MOTHER/STEP-MOTHER
Independent Students	STUDENT	SPOUSE
Wages, salaries, tips	\$	\$
Severance Pay	\$	\$
Pensions and annuities 401(K), and or IRA Distributions	\$	\$
Interest and dividends and capital gains	\$	\$
Business or farm income	\$	\$
Social Security Benefits (taxable)	\$	\$
Net Income received from rents after expenses (mortgage interest, taxes and insurance)	\$	\$
Alimony which will be received	\$	\$
Unemployment compensation	\$	\$
Any other taxed income	\$	\$
Total 2023 Gross Taxed income	\$	\$
<u>TOTAL 2023 UNTAXED INCOME FROM JANUARY 1, TO DECEMBER 31, 2023</u>		
Dependent Students	FATHER/STEP-FATHER	MOTHER/STEP-MOTHER
Independent Students	STUDENT	SPOUSE
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts which would be reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$	\$
Child support received for all children	\$	\$
Tax exempt interest income	\$	\$
Untaxed portions of IRA distributions	\$	\$
Untaxed portions of pensions	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	\$	\$
Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensations (DIC) and/or VA Educational Work-Study allowances	\$	\$
Other untaxed income not reported elsewhere, such as workers compensation, disability, etc.	\$	\$
Money received, or paid on your family's behalf (e.g., bills, living/college expenses, etc.) not reported elsewhere on this form	\$	\$
Total 2023 Untaxed income	\$	\$

2023-2024 DEPENDENT STUDENT HOUSEHOLD WORKSHEET

The information requested on this form is needed to process your financial aid application for the **2023-2024** school year. Complete this form and return it to the Financial Aid Office so your application can be processed.

_____ / _____ / _____ Student's Last Name First M.I.	_____ King's ID # or Student's SSN
_(_____)_____-_____ Student's Preferred Phone Number	_____ Student's Preferred Email

Parent Marital Status (check one of the following):

- married/remarried
- never married
- divorced or separated
- widowed
- Unmarried and parents living together

Total Number of Household Members: Include yourself, your parent(s) and any dependents that your parents provide more than half of their support from **July 1, 2023, to June 30, 2024.**

Full Name	Age	Relationship	College *Do Not List Parent(s) College*	Will be Enrolled in Graduate School	Will be Enrolled at Least Half Time	Expected Graduation Date
(Ex:) Jane Smith	18	Self	King's College	No	Yes	05/2027

***If the parent is remarried, you must include the stepparent.**

**Please include information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024. Include the name of the college.

Certifications and Signatures: Each person signing below certifies that all the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

_____ Student's Signature	_____ Date
_____ Parent's Signature	_____ Date

2023-2024 INDEPENDENT STUDENT HOUSEHOLD WORKSHEET

The information requested on this form is needed to process your financial aid application for the **2023-2024** school year. Complete this form and return it to the Financial Aid Office so your application can be processed.

_____ / _____ / _____ Student's Last Name First M.I.	_____ / _____ King's ID # or Student's SSN
_(____) _____ - _____ Student's Preferred Phone Number	_____ Student's Date of Birth
_____ / _____ Student's Preferred Email	

Parent Marital Status (check one of the following):

- married/remarried
- never married
- divorced or separated
- widowed
- Unmarried and parents living together

- ✓ Number of Household Members: Include yourself and your spouse, your children, if you provide more than half of their support from **July 1, 2023, to June 30, 2024**, and
- ✓ Other dependents if they live with you, and you will continually provide more than half of their support from **July 1, 2023, to June 30, 2024**

List Below the people in the student's household.

Full Name	Age	Relationship	College *Do Not List Parent(s) College*	Will be Enrolled in Graduate School	Will be Enrolled at Least Half Time	Expected Graduation Date
(Ex:) Jane Smith	18	Self	King's College	No	Yes	05/2027

***Include the student's spouse, if the student is married.**

**Please include information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024. Include the name of the college.

Certifications and Signature:

Signing below certifies that all the information reported is complete and correct.

_____ / _____ Student's Signature	_____ / _____ Date
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CERTIFICATION

BEFORE SUBMITTING, PLEASE CERTIFY THAT THE REQUIRED DOCUMENTS ARE INCLUDED:

- This completed form
- All required tax documents
- Explanation of Circumstances
- Additional documents as described in this form.

Certifications and Signatures:

By signing this form, I certify that I understand the following

- ✓ The decision of the Director of Financial Aid is final; there is no appeal process to the Department of Education.
- ✓ All the information on this form is true and complete to the best of my knowledge.
- ✓ If requested, I agree to provide further documentation to substantiate this request for Special Conditions.
- ✓ All Special Conditions are reviewed on a case-by-case basis and this written request does not guarantee approval and may not ultimately result in actual increase of the financial aid already offered.
- ✓ All required documents must be submitted prior to reviewing my request for Special Conditions.
- ✓ Due to the complexity of Special Conditions Appeals, please allow 3-4 weeks for processing once our office has received all required documentation.

Student's Signature

Date

Parent's Signature (required if student is dependent)

Date

OFFICE USE ONLY

Verified EFC _____ PJEFEC _____

Approved/Initials/Date _____

Denied/Initials/Date _____

RETURN ALL PAGES AND SUPPORTING DOCUMENTATION TO:

**King's College
Office of Financial Aid
133 North River Street
Wilkes-Barre, PA
18711**

Or fax to: 570.208.6015

All required documentation must be submitted at the time the appeal is submitted for it to be processed. Images (JPEG, GIF, PNG) of documents WILL NOT BE ACCEPTED.