Special Condition Application
2014-15

This form may be used for the 2014-15 school year if you (and/or your spouse) or your parents have experienced a change in financial circumstances that will lower your family income for 2014. **You may be eligible for a recalculation of your aid eligibility due to recent job or benefit loss, income reduction, separation/divorce, death, illness, or disability.**

All applicants must first complete the 2014-15 Free Application for Federal Student Aid (FAFSA). You and/or your family must then provide documentation of your financial change. This information is used to determine if your financial aid award will be adjusted.

Submit the following documents along with this application:

- **A letter explaining the decrease of income.** Be specific and include dates, amounts, etc.
- **Documentation from the appropriate entities.** For job loss, provide a letter from the employer stating employment dates, total earnings, estimated pension and/or severance pay amount for 2013. Provide doctor's certificate of illness/disability or death certificate if decrease is due to these circumstances.
- **Estimate your total income for January 1, 2014 through December 31, 2014 in the chart below.** Additional documentation may be required**.**

Student Name: _____ **Social Security #:** _____ - _____ - _____

2014 Annual Income	Student (and Spouse of Student)	Parent
Income **earned to date** from work by student		----------
Anticipated income **still to be earned** from work by student		----------
Income **earned to date** from work by spouse		----------
Anticipated income **still to be earned** from work by spouse		----------
Income **earned to date** from work by father	----------	
Anticipated income **still to be earned** from work by father	----------	
Income **earned to date** from work by mother	----------	
Anticipated income **still to be earned** from work by mother	----------	
Unemployment or Workman's Compensation		
Child support received		
Taxable portions of pensions, annuities, social security, RRTAs, early withdrawals from IRAs, etc.		
Untaxed income (insurance settlements, social service benefits such as TANF, SSI, food stamps, etc.)		
Any other taxable income (list source):		

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. income tax return. I also realize that if I do not give proof when asked, the student may not be processed for financial aid.

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Return this form with any attachments to:
Office of Financial Aid, East Texas Baptist University – One Tiger Drive, Marshall, TX 75670
Or Fax (903)934-8120 or save and attach as PDF and email to financialaid@etbu.edu