

CARLOW UNIVERSITY

Financial Aid Office

2018-2019 SPECIAL CONDITIONS FORM

Student's Name _____ Student ID# _____

Carlow University recognizes that some students and their families have special circumstances which may affect their ability to contribute to college expenses. Please fully complete the section(s) for which you are requesting special consideration and provide the requested documentation. Your request *may* result in additional grants and/or loans.

Section 1 - Income Reduction

Complete this section to report Special Conditions if either your actual 2017 **or** anticipated 2018 income was or will be **less than** 2016 income. Provide income for the calendar year that most accurately reflects your financial situation. Do not submit this form until you have filed your 2017 federal income tax return with the IRS because you must attach a copy of your 2017 tax return transcript to this form, along with copies of all W2 forms. Go to www.irs.gov to request your Tax Transcript. Do not leave any item blank. Enter n/a when an item is not applicable. Undergraduate students who are Pennsylvania residents should contact PHEAA at 1-800-692-7392 to report special conditions for state grant purposes.

Taxed and Untaxed Income	Student Section		Parent Section	
	Actual 2017	Anticipated 2018	Actual 2017	Anticipated 2018
Adjusted Gross Income				
Student Wages				
Spouse's Wages				
Parent 1 Wages				
Parent 2 Wages				
Severance Pay				
Pensions & Annuities				
Interest & Dividend Income				
Business & Farm Income				
Capital Gain				
Alimony				
Child Support				
Unemployment Compensation				
Other Taxable Income				
Payments to tax-deferred pension & savings plan (401(k), etc.)				
IRA deductions & payments to self-employed SEP, SIMPLE, Keogh and other qualified plans				
Tax exempt interest income				
Untaxed portions of IRA distributions, <i>not including rollovers</i>				
Untaxed portions of pensions				
Retirement or disability benefits				
Worker's compensation				
Housing, food and living allowance for military/clergy				
Non-educational Veteran's benefits				
Other untaxed income				

In the space below provide an explanation for the reduction in income. If you need more room please attach a sheet. You may also attach supporting documentation.

Section 2 – Unusual Medical/Dental Expenses

Indicate how much you *paid* for your medical/dental expenses in 2017 not covered by insurance. \$ _____

Attach copies of receipts or cancelled checks (**not invoices**) to support the payments indicated. Attach copy of 2017 IRS Tax Return Transcript with Schedule A. In the space below provide an explanation of unusual medical/dental expenses. You may attach an additional letter and supporting documentation if applicable.

Section 3 – Tuition Expenses for Siblings or Parents

List amount of elementary/secondary school tuition paid for dependents to attend school during calendar year 2017. Do not include amounts covered by scholarships or waivers. *Attach proof of payment and verification of enrollment.*

Child's Name	Age	Name of School	Tuition Paid
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

List the amount of tuition parents paid **out-of-pocket** to attend college on at least a half-time basis in a degree/certificate program during calendar year 2017. Include cash payments only. Do not include amounts covered by scholarships, grants, student loans, waivers, or employer assistance. *Attach proof of payment and verification of enrollment.*

Parent's Name	Name of School	Tuition Paid
_____	_____	\$ _____
_____	_____	\$ _____

Section 4 – Other

Use this space to report any other special conditions not covered on this form. It may be necessary for the Financial Aid Office to request additional information from you to support your special conditions. For example, loss of one-time income or benefit, change in marital status after the FAFSA was filed, etc.

Section 5 – Certification

By signing below, you certify that all of the information provided on this Special Conditions form is true and complete to the best of your knowledge.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Mail, fax or email completed form with 2017 IRS Tax Transcript, W2 forms, and any additional documentation to:

Carlow University
Financial Aid Office
3333 Fifth Avenue
Pittsburgh, PA 15213
(412) 578-6389 Phone
(412) 578-6689 Fax
finaid@carlow.edu