

If your family’s financial situation has changed from what was reported on the 2016-2017 Free Application for Federal Student Aid (FAFSA), use this application to request an evaluation of the financial aid eligibility. **Complete this application only if you have already submitted the 2016-2017 FAFSA.** Submission of this application does not guarantee an adjustment to the financial aid award. The student will be notified of any revisions to the financial aid award.

You must complete all of the following steps before this application will be reviewed:

- STEP 1:** Attach a letter explaining the change in your family’s circumstances (one page maximum).
- STEP 2:** Complete all pages of the Special Condition application. Do not leave any items blank. If a value does not apply to you, enter a zero. If a section is left blank, this form will be considered incomplete.
- STEP 3:** Attach a copy of your parent’s 2015 Federal 1040 Tax Return
- STEP 3:** Attach all requested documentation based on your family’s special condition (Section B). Only submit copies of original documents. Documents received will not be released back to the student and/or parent.

It is our policy **not to consider** a reduction in income for the following circumstances:

- Expenses related to personal living (payments on any consumer loan, payments on student or PLUS loans, payments on back taxes owed to the IRS, credit card bills due to discretionary purchases, other miscellaneous consumer expenses)
- Bankruptcy, foreclosures or collection costs associated with outstanding debt
- Debt Forgiveness that reflects as income on a tax return
- Lottery or gambling winning or losses
- Income annually reported on line 17 of your Federal 1040 Tax Return
- Costs of college expenses incurred for a sibling seeking a degree, a parent seeking an advanced degree, or college courses taken while in high school
- Annual distributions from retirement accounts
- Private elementary or secondary education costs unless medically or psychologically necessary
- Expenses resulting from illegal activity

If you are not certain whether your circumstances can be considered for review, please contact our office.

Section A: Demographic Information

Name Parent/Step-parent 1: _____ Name Parent/Step-parent 2 _____

Parent Address: _____
NUMBER & STREET CITY STATE ZIP

Parent Phone (daytime): _____ Parent Email: _____

ISU Student Name	University ID	Student Phone	Student Email



Section B: Special Conditions

Complete the items below by providing all applicable documents listed under each condition that applies to you. A 2015 Federal 1040 Tax Return is requested for all conditions. You may check more than one item.

A. Loss of job/reduction in income:

- Attach letter from your employer regarding loss of job or change in job status.
- Attach documentation of unemployment benefits, such as the Maximum Benefit Letter detailing the amount received.
- Attach a copy of your most recent or last paystub.
- Document any other income you will be receiving in 2016.

B. Reduced earnings due to disability or natural disaster:

- Give the date the change occurred: _____ .
- Attach a statement from the appropriate agency verifying disability or natural disaster.

C. Loss of benefits or untaxed income:

- *Unemployment benefits*
Attach a copy of notification of loss of unemployment benefits stating benefit ending date and monthly amount received before loss.
- *Child Support*
Attach a copy of the Court or Child Service Agency documents stating benefit ending date and monthly amount received before loss.
- *Other Untaxed Income*
Attach documentation verifying the change in untaxed income before loss.

D. Divorce or separation of parents since completion of 2016-2017 FAFSA:

- Date of separation or divorce: _____ .
- Attach separation papers or agreement, divorce decree/settlement, a letter from a participating attorney or mediator stating marital status. If no formal agreement is initiated, please document separate residences.

E. Death of parent since completion of 2016-2017 FAFSA:

- Attach documentation of death (e.g., copy of the death certificate, obituary, and/or funeral program).

F. Farm or farm-related conditions:

- Attach explanation and documentation of your family's situation. May include a third party statement.
- Include Schedule F of your 2015 federal tax return.

G. Medical/dental expenses not paid by insurance during calendar year 2016:

- Attach a copy of medical, dental, and pharmacy bills that were paid out of pocket in calendar year 2016.
- Provide documentation of the amount you pay per month, excluding employer contributions for medical/dental insurance.

H. Other special conditions:

- Attach a letter and any documentation to support your special condition.

I. Cost of dependent care and/or private elementary or high school; the costs for private elementary or high school must be necessary for medical or psychological reasons. (Report actual/anticipated costs for Spring 2016, Summer 2016 and Fall 2016 semesters.)

- Attach a copy of actual or anticipated bills and receipts of such costs for calendar year 2016.
- Provide a written statement explaining the medical or psychological necessity for private elementary or high school for each student you would like us to consider.
- For each family member for whom you pay dependent care and/or elementary or high school expenses, provide the information requested in the box below.

Name	Age	Relationship to ISU student	Facility Name and Location	Total Cost

ID#

ID#

ID#

ID#

Section C: Projected 2016 Income Information

Report all actual/anticipated taxable and nontaxable 2016 income (from January 1, 2016 to December 31, 2016).

Taxable Income	Parent/Step-parent 1	Parent/Step-parent 2
Wages/salaries/tips/severance	\$	\$
Income from business (self-employment)	\$	\$
Other income (e.g., unemployment compensation)	\$	\$
Total Taxable Income	\$	\$
Nontaxable Income		
Child support received for all children. Don't include foster care or adoption payments.	\$	\$
Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
Other nontaxable income not reported, such as worker's compensation, disability, etc. Don't include student aid, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay.	\$	\$
Total Nontaxable Income	\$	\$

All Special Conditions applications are subject to review and verification of the original Free Application for Federal Student Aid (FAFSA).

All the information provided on this application is true and complete to the best of my knowledge, and I agree to give proof of this information if requested to do so. I understand that verification of my projections may be required at the end of the current year. I grant the Office of Student Financial Aid permission to update the FAFSA through the Federal Student Aid online correction tool to match the values found on this and other verification documents you have or will receive. ***If I underestimate my projected income or if I overestimate my projected expenses, I understand that I or my student may be required to repay previously awarded financial aid.***

 Parent Signature

 Date

FAX: 515-294-3622 ATTENTION: Special Conditions

All of the documents below are attached to this form for review of my Special Condition:

- A letter explaining the change in my family's circumstances
- Documentation requested on page 2 pertaining to my special condition
- A Copy of your parent's 2015 Federal 1040 Tax Return