



REQUEST FOR REVIEW OF SPECIAL CONDITIONS

First Name

Last Name

Social Security #

Address

Date of Birth

City

State

Zip

Home Phone Number

This Special Condition form can be used by you and your family to report unusual circumstances that may impact your ability to pay your educational expenses at West Hills College. These circumstances can be conditions that have reduced your income for 2008 or extraordinary expenses that provide you with less disposable income. The result of your 2008-2009 Free Application for Federal Student Aid (FAFSA) must be on file with the Financial Aid Office at West Hills College.

The information provided on your original application may not be updated if your income reduction is not significant, appears inconsistent, or seems inadequate to support your family size. Likewise, expenses for consumer goods and lifestyle choices may not be supported with additional financial aid resources.

Please complete all of the required information appropriate for your request. Incomplete forms will not be processed. Be sure to obtain all of the required signatures and attach all of the necessary documentation to support your request. Return the completed documentation to the Financial Aid Office.

If your and/or your spouse's or your parent's income will be less in 2008 than in 2007, complete this section along with the income grid (see back of this page) and attach supporting documentation.

CONDITION A Income Reduction

This reduction in income applies to:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Father/Stepfather |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Mother/Stepmother |

Check the appropriate reason for the change in your situation:

Involuntary Loss of Employment (i.e termination, disability or layoff, military relocation orders) *Your previous employer must provide a letter verifying your employment for all jobs held in 2007 to the present. A statement from the appropriate agency showing the amount of benefits you received or expect to receive in 2008 must be provided*

Loss of Benefits

- | | | |
|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> BHA/BAQ | <input type="checkbox"/> Other |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Disability | _____ |
- Effective Date: _____

One-time Income

Amount: \$ _____ Source: _____ Date: _____
 Amount Spent: \$ _____ Used for _____
 Funds Remaining: \$ _____

Divorce/Legal Separation

You and your spouse Your parents

Date of Divorce or Legal Separation _____

If you and your spouse are divorced or legally separated, give only your information on the income grid (attach copy of legal court documents verifying divorce/separation). If your parents are divorced or legally separated, give only the information of the custodial parent. (You must have documentation of legal separation or evidence that divorce paperwork has been filed.)

Death

Father/Stepfather Mother/Stepmother Spouse

Date of Death: _____ (must attach copy of certificate)

Do not include income of deceased on the income grid.

INCOME GRID

Income for Jan 1, 2008 to Dec 31, 2008	<u>Actual</u> Amounts from Jan 1, 2008 - Today.	<u>Estimated</u> Amounts from Today to Dec 31, 2008	Total Amounts Actual + Estimated
Income Earned from Work			
Other Taxable Income (dividends, interest, pension, alimony, annuities, unemployment, capital gains, etc.)			
Social Security Benefits			
TANF (Temporary Assistance to Needy Families)			
Child Support Received			
Benefits, workers, compensation, payments to IRA/Keogh, etc			
TOTAL INCOME			

Revised NUMBER IN HOUSEHOLD _____

Revised NUMBER IN COLLEGE _____

CONDITION B Extraordinary Expenses

Medical and/or Dental Expenses

The amount of medical and dental expenses that exceeds 11% of the family's adjusted gross income will be taken into consideration for re-evaluation of eligibility. Keep in mind an allowance for medical expenses has already been taken into account in the needs analysis formula.

2007 Medical/Dental Expenses not paid by insurance: \$ _____

Attach Schedule A of your 2007 Federal Income Tax Return or receipt for medical and dental payments. Receipts must document insurance will not pay at a later date.

Elementary and/or Secondary Education Expenses

2007 Elementary and/or Secondary Education Expense: \$ _____

Provide a letter from the school-stating amount paid for tuition for Spring 2007 and Fall 2008.

CERTIFICATION: I certify that the information provided on this form is true and complete to the best of my knowledge. I agree to provide additional proof of the information that I have given on this form if asked by the Financial Aid Office.

Student's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____

Father's/Stepfather Signature: _____

Date: _____

Mother's/Stepmother Signature: _____

Date: _____

Office Use Only:

Denied

Reason: _____

Approved

Orig FC _____ Trans #: _____

Date Change: _____

Adjusted FC _____ Trans #: _____

FAO Signature: _____