



REQUEST FOR REVIEW OF SPECIAL CONDITIONS

_____		_____
First Name	Last Name	Student ID#
_____		_____/_____/_____
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 2009 or extraordinary expenses that provide you with less disposable income. The result of your 2009-2010 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 2009 than in 2008, 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:
 Student Father/Stepfather Spouse 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**
 - Child Support BHA/BAQ Other
 - Social Security 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.

Estimated 2009 Income Grid for January 1, 2009 to December 31, 2009

Please indicate amounts for each category of income below.	<u>Actual</u> Amounts from Jan 1, 2009 - Today.	<u>Estimated</u> Amounts from Today to Dec 31, 2009	Total Amounts Actual + Estimated
TAXABLE INCOME			
Earnings from Work (attach most recent pay stub)			
Unemployment Compensation			
Social Security Benefits			
Other Taxable Income (dividends, interest, pension, alimony, annuities, capital gains, etc.)			
Other (describe):			
UNTAXED INCOME			
Welfare benefits (AFDC/TANF)			
Workers' compensation / Disability Benefits			
Child Support Received			
Living allowances (as for military and/or clergy, etc.)			
Deductible IRA and/or Keogh payments			
Other (describe):			
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.

2008 Medical/Dental Expenses not paid by insurance: \$ _____
 Attach Schedule A of your 2008 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
 2008 Elementary and/or Secondary Education Expense: \$ _____
 Provide a letter from the school-stating amount paid for tuition for Spring 2008 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: _____