



REQUEST FOR REVIEW OF SPECIAL CONDITIONS

_____		_____
First Name	Last Name	Student ID#
_____		_____/_____/_____
Address		Date of Birth
_____	_____	_____-_____-_____
City	State	Zip
		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 2010 or extraordinary expenses that provide you with less disposable income. The result of your 2010-2011 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 income, your spouse's income, or your parent's income will be less in 2010 than it was in 2009, 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) *Statement from previous employer, unemployment benefit statement, and current check stub.*

Please explain briefly and concisely the circumstances you wish us to consider when reviewing this request. If necessary you may attach a separate sheet of paper to further explain these circumstances.

Loss of Benefits
Effective Date: _____
 Child Support Disability
 Social Security Benefits Other _____

One-time Income
Amount: \$ _____ Source: _____ Date: _____

Divorce/Legal Separation (Note: Divorce/Separation must have occurred after completion of the 2010-2011 FAFSA)
 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 on the income grid. (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.

Expected 2010 Income Grid

Student/Spouse

Parents

Earnings from work by student/father	\$ _____	\$ _____
Earnings from work by spouse/mother	\$ _____	\$ _____
2010 Other Taxable Income	\$ _____	\$ _____
Workers' Compensation	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Deductible IRA and/or Keogh payments	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Expected 2010 Income: \$ _____ \$ _____

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 that an allowance for medical expenses has already been taken into account in the needs analysis formula.*

2009 Medical/Dental Expenses not paid by insurance: \$ _____
 Attach Schedule A of your 2009 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
 2009 Elementary and/or Secondary Education Expense: \$ _____
 Provide a letter from the school-stating amount paid for tuition for Spring 2010 and Fall 2010.

I certify that all the information on this form is true and complete to the best of my knowledge. If I purposely give false or misleading information, I may be fined \$20,000, sent to prison, or both.

Student's Signature: _____ Date: _____

Spouse's/Parent's Signature: _____ Date: _____

Office Use Only:

Denied Orig FC _____ Trans #: _____ Date Change: _____
 Approved Adjusted FC _____ Trans #: _____

Comments: _____

FAO Signature: _____