



Mount St. Mary's University  
 Office of Financial Aid  
 16300 Old Emmitsburg Road  
 Emmitsburg, Maryland 21727  
 301-447-5207 (phone) 301-447-5915 (fax)

### Financial Aid Special Condition Worksheet (2020-21)

**INSTRUCTIONS:** When completing financial aid applications for the 2020-21 academic year, a family is asked to provide actual 2018 taxable and non-taxable income. A family who expects its 2020 income to be less than reported on the FAFSA should complete the form below and submit it to the Mount St. Mary's University Financial Aid Office. **Please note that in cases where the loss of income is due to a parent's unemployment, no action will be taken by the Financial Aid Office until the parent has been unemployed for at least eight weeks.**

Student's Name (please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Individual with special condition, please check one (if both parents are applying, complete a separate worksheet for each):

\_\_\_\_ Student

\_\_\_\_ Mother/Stepmother

\_\_\_\_ Father/Stepfather

Please choose a special condition that you would like the Financial Aid Office to review. Submit all of the required documentation to our office as listed under the special condition that applies to you *in addition to a 2018 Tax Return Transcript from the IRS and 2018 W2 form(s)*:

Loss of income from work	
<input type="checkbox"/> Due to Layoff	<ul style="list-style-type: none"> <li>• Provide a letter from your employer stating the effective date and the anticipated return date.</li> <li>• Provide your final pay slip and most current pay slip for other family members.</li> </ul>
<input type="checkbox"/> Due to Termination	<ul style="list-style-type: none"> <li>• Provide a letter from your employer stating the effective date. If this is not available, provide documentation from your local unemployment office.</li> <li>• Provide your final pay slip and most current pay slip for all family members.</li> <li>• Provide documentation of your unemployment benefits and the amounts being received.</li> </ul>
<input type="checkbox"/> Due to Disability	<ul style="list-style-type: none"> <li>• Please provide the date of disability: ____/____/____. Attach physician's documentation of established disability and how it affects your work status.</li> <li>• Provide last pay stubs for all family members.</li> </ul>

Loss of Untaxed Income	
<input type="checkbox"/> Social Security	<ul style="list-style-type: none"> <li>• Provide Social Security Administration Notification of termination of benefits and letter of explanation.</li> </ul>
<input type="checkbox"/> Child Support	<ul style="list-style-type: none"> <li>• Provide a notarized letter or court document stating termination of benefits and letter of explanation.</li> </ul>
<input type="checkbox"/> Worker's Compensation	<ul style="list-style-type: none"> <li>• Provide a letter from the Bureau of Worker's Compensation stating termination date.</li> </ul>

Divorce/Separation	
<input type="checkbox"/> Divorce	<ul style="list-style-type: none"> <li>• Please provide a copy of your divorce decree</li> </ul>
<input type="checkbox"/> Separation	<ul style="list-style-type: none"> <li>• Date of Separation: ____/____/____. Please provide legal documentation of separation. If this is not available you can submit a signed letter from a third party professional (attorney, clergy, counselor, etc.). You can also provide a notarized letter from the father and the mother indicating their places of residence.</li> </ul>

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**Section A:** List all projected annual income and benefits to be received from January 1, 2020 through December 31, 2020.

Source of Income ( <i>Please attach documentation</i> )	Parent 1	Parent 2	Student
Wages, salaries, tips (including severance pay).	\$	\$	\$
Pensions and Annuities	\$	\$	\$
Interest and/or dividend income	\$	\$	\$
Business/Farm Income	\$	\$	\$
Unemployment compensation	\$	\$	\$
Alimony	\$	\$	\$
Social Security/SSI benefits	\$	\$	\$
Workers Compensation	\$	\$	\$
Disability Benefits	\$	\$	\$
Retirement Benefits	\$	\$	\$
Child Support	\$	\$	\$
Welfare Benefits/TANF	\$	\$	\$
Other Untaxed Income	\$	\$	\$
<b>Total Income</b>	\$	\$	\$

**Section B:** Please summarize your special condition below (attach another sheet if needed):


**Section C: Signatures**

By signing below, I certify that the information reported on this form is true and accurate to the best of my knowledge. I understand that if at any time the estimates I provided for 2020 become invalid, I will contact the Financial Aid Office immediately. Furthermore, I am aware that I may be asked to provide additional documentation including my 2020 tax return when it is completed and that any corrections that are made to the above information may result in a change to my financial aid award.

Father/Stepfather: \_\_\_\_\_ **Date**          Mother/Stepmother: \_\_\_\_\_ **Date**

Student: \_\_\_\_\_ **Date**

Best phone # to contact **student**: \_\_\_\_\_

Best phone # and email to contact **parent/stepparent**: \_\_\_\_\_