



2017-2018 Special Conditions Form (Dependent Student)

Student's Name: _____ Stonehill ID #: _____

Please complete both sides of this form and return it with the documentation listed below.
Please provide a brief explanation of your circumstances below or attach a signed letter of explanation.

LOSS OF INCOME

Please check the appropriate box, complete both sides of this form and submit it with the documentation listed below

- A parent has been unemployed or unable to work for at least 30 days in 2016, and the lost income is equal to at least 8% of the total family income earned in 2015.
 - Submit this Documentation for this circumstance:
 - A letter from your employer or a copy of the termination which confirms:
 - Last date of employment
 - Average number of hours worked per week
 - Number of weeks worked in 2016; and
 - Total wages earned in 2016 (submit last YTD paystub)
 - Certification of Unemployment Benefits, severance pay, and short term / long term disability
 - Copies of parent and student 2015 W2s and signed 2015 federal tax returns with schedules
 - Copies of 2016 W2s and 2016 federal tax returns with schedules, if completed
- There has been a decrease in parental income since 2015.
 - Submit this Documentation for this circumstance:
 - Copies of last pay stub at original rate and first pay stub at current rate.
 - Copies of parent and student 2015 W2s and signed 2015 federal tax returns with schedules
 - Copies of 2016 W2s and 2016 federal tax returns with schedules, if completed
- You had Social Security Benefits, but no longer receive these benefits.
 - Submit this Documentation for this circumstance:
 - Copy of Notice of Termination of Benefits
 - Copies of parent and student 2015 W2s and signed 2015 federal tax returns with schedules
 - Copies of 2016 W2s and 2016 federal tax returns with schedules, if completed

HIGH OUT OF POCKET MEDICAL EXPENSES

Submit this Documentation for high out of Pocket Medical Expenses

-Copies of parent 2015 W2s and signed 2015 federal tax returns with schedules, including but not limited to Schedule A. If no Schedule A, please submit copies of receipts and an itemized listing of medical/dental/elder care payments made in 2015 and 2016 showing total expenses not covered by insurance.

CERTIFICATOIN AND SIGNATURES

- Our signatures certify the information reported on this form is accurate to the best our knowledge.
- If any of our projections change, we will immediately notify Student Financial Assistance in writing.
- We understand additional documentation may be requested.
- *Incoming Students:* We understand Stonehill will make every effort to respond to us prior to the commitment deadline. However, in the event we have not received a response, a commitment will be based on the award that was offered.
- We will make arrangements to pay our bill on time and not wait for the outcome of this request for additional financial assistance.

Parent Signature: _____ Student Signature: _____ Date: _____

Return documentation in PDF format to finaid@stonehill.edu or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357

OVER...

Student Name: _____ Stonehill ID #: _____

Name of Parent 1: _____ Name of Parent 2: _____

Which Parent Lost Income or Benefits: _____

Taxable Income <i>(Please enter 0 if item does not apply)</i>	Actual Income in Tax Year 2015	Actual/Estimated Income in Tax Year 2016	Estimated Income in Tax Year 2017
Parent 1 Wages <i>(gross amount)</i>			
Parent 2 Wages <i>(gross amount)</i>			
Interest/Dividend Income			
Alimony received			
Net income / Loss of Business <i>(reported on Schedule C)</i>			
Capital Gains/Loss <i>(reported on Schedule D of 1040)</i>			
Taxable Portions of IRA distributions and Pension/Annuity Withdrawals <i>(line 15b and 16b of 1040)</i>			
Income from Royalties, Partnerships, Estates, Trusts, rental properties <i>(schedule E, line 17 of 1040 & Schedule F, line 18 of 1040)</i>			
Unemployment Compensation <i>(line 19 of 1040)</i>			
Taxable Portions of Social Security <i>(line 20b of 1040)</i>			
Severance Pay			
TOTAL INCOME PER TAX YEAR			
UNTAXED INCOME			
Child Support received <i>(for all children in this household)</i>			
Short Term / Long Term Disability			
Welfare Benefits <i>(i.e. AFDC, TANF, SNAP)</i>			
Untaxed portion of IRA distributions and pensions <i>(line 15a minus 15b and line 16a minus 16b of 1040)</i> Do not include rollovers			
Contributions to tax deferred pension / savings plans paid directly or withheld from earnings			
Untaxed Portions of Social Security <i>(line 20a minus 20b of 1040)</i>			
Workers Compensation			
Veteran' non-education benefits, such as Death Pension and Dependency and Indemnity Compensation (DIC), etc.			
Housing, food, or other living allowances paid to members of the military, clergy and others			
Other Untaxed Income <i>(includes cash received or bills paid on your behalf, not reported elsewhere on this form)</i>			
Tax Exempt Interest			
TOTAL UNTAXED INCOME PER TAX YEAR			

Please complete this form in its entirety and submit with all required documentation listed on the first page. The Special Conditions form cannot be reviewed until all required documents are received.