

# 2017-2018 - Centralia College Special Condition Application Form - Independent

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip code

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

Check the box that reflects your situation and return this completed form along with:

- 1) **Signed copy of Student/Spouse's Federal 2015 and 2016 tax return transcripts (if filed).**
- 2) **A brief letter explaining your situation**
- 3) **Any additional documentation listed below:**
  - If Unemployment/Reduced hours: Copy of employment termination or notification of reduction in hours from employer, verification of unemployment insurance payments and copy of last paystub.
  - If one-time income: documentation of the one-time income (ex. W2, tax schedules, 1099, etc.).
  - If death of a wage earner: a copy of the death certificate, documentation of any insurance payment expected to be received.
  - If divorce/separation: copy of legal separation or divorce papers, clear documentation concerning expected child and/or spousal support payment or receipt if applicable.

**Loss of Income**  
 My family's income has declined since 2015 due to:  
 unemployment,  retirement,  change of employer,  reduction in hours,  a one-time income received in 2015,  death of a wage earner,  divorce/separation.

Household size in 2017-2018 year: \_\_\_\_\_ # in Household \_\_\_\_\_ # in College

Student's Income Information	<u>Calendar Year</u> <small>Jan. 2017- Dec. 2017</small>	<u>Academic Year*</u> <small>July 1, 2017 - June 30, 2018</small>
Student's Gross Income from Work	\$	\$
Spouse's Gross Income from Work	\$	\$
Student and Spouse's Other Taxable Income - Please circle: (ex. alimony received, business/farm income, rental income, unemployment, capital gains, interest/dividends, other _____)	\$	\$
Student and Spouse's Other Non-Taxable Income - Please circle: (ex. child support received, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$
Student and Spouse's Income Exclusions – Please circle: (ex. child support PAID, AmeriCorps award, military benefits other than educational benefits, tax-deferred pensions, , other _____)	\$	\$

**\*Academic Year requests will not be accepted until December 1, 2017**

**CERTIFICATION: I certify that the information provided on this form is true and figures provided are accurate to the best of my ability.**

\_\_\_\_\_  
 Student Signature Date

**Note: Special Condition Applications will be considered incomplete if documentation is not supplied to support changes. Provide a clear statement that gives a time-line to your income/situation change. Please be specific about the dates that changes occurred as well as any amounts. Notification and documentation for all current and anticipated income must be provided based on the calendar year or academic year information being reviewed.**

**Incomplete paperwork will not be processed. If you have any questions please contact our office at [financialaid@centralia.edu](mailto:financialaid@centralia.edu) or 360-623-8975.**