Roxbury Community College  
Office of Financial Aid  

2016-2017 SPECIAL CONDITIONS FORM

The Special Conditions Form can be used if you or your family has experienced an unusual circumstance that may affect your ability to pay for your education at the Roxbury Community College. Before the office can take your circumstance into consideration, you must have filed the 2016-2017 Free Application for Federal Financial Aid (FAFSA). The reduction must result from one of the special conditions listed below occurring between January 1, 2016 and December 31, 2017.

This form is designed to adjust the Expected Family Contribution (EFC) which determines what portion of aid can be need based. Submitting this form does not necessarily mean additional aid will be awarded. This form does not increase the amount of the student budget.

Please complete and return this form and any requested documentation to the Office of Financial Aid. Documents may be faxed to 617.933.7414 or scanned and emailed to finaid@rcc.mass.edu. Please allow 24-48 hours for your To Do List to be updated once submitted.

A. STUDENT INFORMATION

Last Name________________________________________ First Name_________________________________ Student ID Number____________

Email Address________________________________________ Telephone Number____________________ Date of Birth________

B. SPECIAL CONDITION (Identify your special condition by checking (√) each category which pertains to you.)

____ Loss or reduction of income of at least 20% after January 1, 2016
Loss/reduction of income must result from retirement, unemployment, or change in employment
Date of change: ________________________

Required documentation: (1) Dated letter of resignation or termination, and (2) Year-to-date income (last pay stub), or (3) benefit from Unemployment Administration showing monthly benefit or denial of benefits
Death of parent or spouse after
Date of death: ________________________

Required documentation: Copy of the death certificate

____ Separation or divorce of parents (or student)
Date of separation/divorce: ________________________

Required documentation: If separated, documentation indicating individuals are living in separate residences; if divorced, divorce documentation (divorce decree)

____ Permanent and total disability suffered after January 1, 2016
Date of disability: ________________________

Required documentation: (1) Signed letter from a physician stating the extent and duration of disability (stamped signature not acceptable), (2) Year-to-date income (last pay stub), and (3) Disability benefit statement from Social Security Administration

____ Reduction of untaxed income after January 1, 2016
Date of change: ________________________

Required documentation: Supporting documents

____ One-time income received in 2015 that you will not receive in 2016
Date of change: ________________________

Required documentation: Supporting documents

Roxbury Community College, Office of Financial Aid, Administration Bldg. Room 201, 1234 Columbus Ave, Roxbury Crossing, MA 02120
C. EXPLANATION OF APPEAL
Please explain your special conditions in detail. How has the situation affected your ability to pay for 2016-2017 educational expenses?

D. INCOME SOURCE TABLE
Complete the chart to estimate your income you expect to receive in the categories below for you, your spouse (if married) and your parents (if you are a dependent student). Documentation of the below estimates will be required upon submission.

<table>
<thead>
<tr>
<th>Income/ Benefit</th>
<th>Student</th>
<th>Spouse</th>
<th>Parent 1</th>
<th>Parent 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross (not net) earnings from work</td>
<td>$</td>
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<tr>
<td>Unemployment benefits</td>
<td>$</td>
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<tr>
<td>Severance pay</td>
<td>$</td>
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<td>Other: (Worker’s comp, alimony, disability, etc.)</td>
<td>$</td>
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</table>

E. FOOD STAMP (SNAP) BENEFITS
Has anyone listed in Section B received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years? Yes _____ No _____
If ‘yes,’ please provide the name of the beneficiary and relationship to you:

Name ___________________________ Relationship to you (student) ___________________________

If asked by the school, I will provide documentation of the receipt of SNAP benefits during the 2014 and/or 2015.

F. CHILD SUPPORT PAID
Did you, your spouse, or parent (if applicable) pay child support in 2015? Yes _____ No _____
If ‘yes,’ please provide the following information:

• The amount of child support paid in 2015: ____________________________________________

• The name(s) of the person(s) to whom child support was paid: ___________________________

• The name(s) of the child(ren) for whom child support was paid: _________________________
G. FAMILY INFORMATION (NOTE: Students using parental data on the FAFSA are classified as dependent.)

Family information:
Please provide your household information below.

- **Dependent students**: include yourself, your parent and any dependents for which your parents provide more than half of their support.
- **Independent students**: include yourself, your spouse (if married), and your dependent children for which you provide more than half their support.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>College attending in 2016-2017</th>
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<tbody>
<tr>
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H. SIGN THIS APPEAL
Missing documentation may cause your appeal’s decision to be delayed or possibly denied.

- **Documentation requested pertaining to your special condition**
- A copy of your 2015 Federal Tax Return Transcript (and spouse’s if you’re married)
- A copy of your parent(s) 2015 Federal Tax Return Transcript (if the student is dependent)
- Any additional information you feel is needed to help explain your situation

Submit all documentation to:
Fax: (617) 933-7414 or
Mail to: Office of Financial Aid
Roxbury Community College
Course 201
1234 Columbus, Roxbury Crossing, Mass 02102

THIS FORM WILL NOT BE REVIEWED WITHOUT THE REQUIRED DOCUMENTATION

By signing this worksheet, I (we) certify that all the information reported on this worksheet to qualify for federal student aid is complete and correct. If you are dependent for financial aid purposes, at least one parent must sign. *Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.*

__________________________________________________________________________  ____________
Student’s signature                      Date

__________________________________________________________________________  ____________
Parent’s signature (dependent students only)                      Date

The approval of your special conditions request does not in any way guarantee your eligibility for financial aid. For some students already receiving maximum awards, the financial aid amount may not change following Special Conditions approval. The Office of Financial Aid will not consider reductions in income for the following circumstances: unusual expenses related to personal living (e.g. wedding expenses, credit card bills, vacations, moving expenses, home mortgage payments, car payments, utilities, school loan payments, other miscellaneous consumer item expenses) and one year income changes due to lottery or gambling winnings or losses.