



2020-2021 Special Conditions Form for Dependent Student

For Official Use Only

SPCOND Status:

Student's Name: _____ **Stonehill ID:** _____

Please complete this form in its entirety and submit with all required documentation, along with a signed letter of explanation. The Special Conditions form cannot be reviewed until all required documents are received. Photographed domination sent via email will not be accepted. Please note that a scanner is available for use in the Stonehill College library.

1. LOSS OF INCOME

Please 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 2019, and the lost income is equal to at least 8% of the total family income earned in 2018.

- 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 2019; and
 - Total wages earned in 2019 (submit last YTD paystub)
 - Certification of Unemployment Benefits, severance pay, and short term / long term disability
 - Copies of parent and student 2018 W2s and signed 2018 federal tax returns with schedules
 - Copies of 2019 W2s and 2019 federal tax returns with schedules, if completed

There has been a decrease in parental income since 2018.

- 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 2018 W2s and signed 2018 federal tax returns with schedules
 - Copies of 2019 W2s and 2019 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 2018 W2s and signed 2018 federal tax returns with schedules
 - Copies of 2019 W2s and 2019 federal tax returns with schedules, if completed

2. HIGH OUT OF POCKET MEDICAL EXPENSES

Please submit information below.

Copies of parent 2018 W2s and signed 2018 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 out of pocket payments made in 2018 and 2019 showing total expenses not covered by insurance.

3. CERTIFICATION 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 (enter Student name and Stonehill ID in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357

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

Which Parent Lost Income or Benefits: _____

Taxable Income (Please enter zero if item does not apply)	Actual Income in Tax Year 2018	Actual/Estimated Income in Tax Year 2019	Estimated Income in Tax Year 2020
Parent 1 Wages (<i>gross amount</i>)	\$	\$	\$
Parent 2 Wages (<i>gross amount</i>)	\$	\$	\$
Interest & Dividend Income	\$	\$	\$
Alimony received	\$	\$	\$
Capital Gains/Losses (<i>1040, Schedule 1, line 13</i>)			
Net income / Loss of Business (<i>1040, Schedule 1, line 12</i>)	\$	\$	\$
Taxable Portions of IRA distributions and Pension/Annuity Withdrawals (<i>1040, line 4b</i>) <i>Do not include rollovers.</i>	\$	\$	\$
Income from Royalties, Partnerships, Estates, Trusts, rental properties (<i>1040, Schedule 1, line 17</i>)	\$	\$	\$
Unemployment Compensation (<i>1040, Schedule 1, line 19</i>)	\$	\$	\$
Taxable Portions of Social Security (<i>1040, line 5b</i>)	\$	\$	\$
Severance Pay	\$	\$	\$
TOTAL INCOME PER TAX YEAR	\$	\$	\$

Untaxed Income	Actual Income in Tax Year 2018	Actual/Estimated Income in Tax Year 2019	Estimated Income in Tax Year 2020
Child Support received (<i>for all children in this household</i>)	\$	\$	\$
Short Term / Long Term Disability	\$	\$	\$
Welfare Benefits (<i>i.e. TANF, SNAP</i>)	\$	\$	\$
Untaxed portion of IRA distributions and pensions (<i>1040 line 4a minus 4b</i>) Do not include rollovers	\$	\$	\$
Contributions to tax deferred pension / savings plans paid directly or withheld from earnings (<i>1040, Schedule 1, lines 28 and 32; Form W-2, boxes 12a-12d, codes D, E, F, G, H, S only</i>)	\$	\$	\$
Untaxed Portions of Social Security (<i>1040, line 5a minus 5b</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 & Dividends	\$	\$	\$
TOTAL UNTAXED INCOME PER TAX YEAR	\$	\$	\$