



2026-2027 Special Conditions Form for Independent Student

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**.

1. LOSS OF INCOME

Please complete both sides of this form and submit it with the documentation listed below.

You or your spouse have been unemployed or unable to work for at least 30 days in 2025, and the lost income is equal to at least 8% of the total income earned in 2025.

- 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 2025; and
 - Total wages earned in 2025 (submit last YTD paystub)
 - Certification of unemployment benefits, severance pay, and short term / long term disability
 - Copies of your and your spouse's 2024 W2s and signed 2024 federal tax returns with schedules
 - Copies of 2025 W2s and 2025 federal tax returns with schedules, if completed

There has been a decrease in your or your spouse's income since 2025.

- Submit this Documentation for this circumstance:
 - Copies of last pay stub at original rate and first pay stub at current rate
 - Copies of your and your spouse's 2024 W2s and signed 2024 federal tax returns with schedules
 - Copies of 2025 W2s and 2025 federal tax returns with schedules, if completed

You or your spouse 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 your or your spouse's 2024 W2s and signed 2024 federal tax returns with schedules
 - Copies of 2025 W2s and 2025 federal tax returns with schedules, if completed

2. HIGH OUT OF POCKET MEDICAL EXPENSES

Submit this Documentation for this circumstance:

Copies of your and your spouse's 2024 W2s and signed 2024 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 2024 and 2025 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.

Student Signature: _____ Date: _____

Student Name: _____

Name of Spouse: _____

Who lost Income or Benefits: _____

Taxable Income (Please enter zero if item does not apply)	Actual Income in Tax Year 2024	Actual/Estimated Income in Tax Year 2025	Estimated Income in Tax Year 2026
Student Wages (<i>gross amount</i>)	\$	\$	\$
Spouse Wages (<i>gross amount</i>)	\$	\$	\$
Interest & Dividend Income	\$	\$	\$
Alimony received	\$	\$	\$
Capital Gains/Losses (<i>1040, line 7</i>)			
Net income / Loss of Business (<i>1040, Schedule 1, line 32</i>)	\$	\$	\$
Taxable Portions of IRA distributions and Pension/Annuity Withdrawals (<i>1040, line 4b, 5b</i>) <i>Do not include rollovers.</i>	\$	\$	\$
Income from Royalties, Partnerships, S Corporations, Trusts, rental properties (<i>1040, Schedule 1, line 5</i>)	\$	\$	\$
Unemployment Compensation (<i>1040, Schedule 1, line 7</i>)	\$	\$	\$
Taxable Portions of Social Security (<i>1040, line 6b</i>)	\$	\$	\$
Severance Pay	\$	\$	\$
TOTAL INCOME PER TAX YEAR	\$	\$	\$

Untaxed Income	Actual Income in Tax Year 2024	Actual/Estimated Income in Tax Year 2025	Estimated Income in Tax Year 2026
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, & 5a minus 5b</i>) <i>Do not include rollovers</i>	\$	\$	\$
Contributions to tax deferred pension / savings plans paid directly or withheld from earnings (1040, Schedule 1, lines 15; Form W-2, boxes 12a-12d, codes D, E, F, G, H, S only)	\$	\$	\$
Untaxed Portions of Social Security (<i>1040, line 6a minus 6b</i>)	\$	\$	\$
Unemployment Compensation			
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	\$	\$	\$