



Student's Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Northwest Missouri State University  
**2009-2010 SPECIAL  
CONDITION APPLICATION  
INDEPENDENT**

This form may be used for the 2009-2010 school year if your (or your spouse's) financial situation has recently changed because of: A. loss of job or benefits B. separation or divorce C. medical reasons D. other

Please check one of the following circumstances which best describes the change in your (or your spouse's) financial situation.

**Please submit this form along with a letter explaining in detail your situation including any additional documentation.**

- A** You or your spouse earned money in 2008, received unemployment compensation or untaxed income in 2008; but has lost his or her job for at least 10 weeks, has not been able to earn money due to an illness or injury, or has completely lost their income or benefit for at least 10 weeks in 2009. Write in the beginning date and the number of weeks in 2009 that you or your spouse has been unable to earn money or has not received their regular benefits. (Untaxed income and benefits include things such as social security benefits, welfare, court-ordered child support, etc.) This loss of income must be for at least 10 weeks. **Provide a signed statement from the employer indicating the last date of employment or decrease in wages; or provide documentation of the applicable illness or loss of benefit as income.**

Employment/Type of Benefit lost \_\_\_\_\_  
Attach final pay stub or court document.

- B** You have already applied for Federal student assistance and, since that time, you have separated or divorced. Write in the date of your separation or divorce. \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Provide documentation of legal separation or divorce.**

- C** You experienced unusual circumstances such as medical expenses not covered by insurance. Please explain and provide documentation such as insurance benefit statement or explanation of benefits form. If you are able to provide proof of no insurance, copies of medical bills are necessary.

- D** Any other extreme or special circumstance that your household has encountered.

**\*\*\*PLEASE COMPLETE REVERSE SIDE\*\*\*\***

Before an adjustment can be made to your status you must provide information regarding your estimates of the change in financial situation for you (or your spouse) for 2009. Please provide the best possible estimates for the period January 1, 2009 to December 31, 2009. Additional documentation may be required.

**WHAT YOU (OR YOUR SPOUSE) EXPECT YOUR INCOME AND EXPENSES TO BE IN 2009**

Estimated 2009 taxable income (wages, interest income, etc .) \$ \_\_\_\_\_

In 2009 how much will you earn from work? \$ \_\_\_\_\_

In 2009 how much will your spouse earn from work? \$ \_\_\_\_\_

In 2009 how much will be received in unemployment benefits? \$ \_\_\_\_\_

Estimated 2009 untaxed income and benefits:

Worker's compensation \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Other untaxed income and benefits \$ \_\_\_\_\_

Estimated 2009 medical/dental expenses not paid by insurance \$ \_\_\_\_\_

**CERTIFICATION:**

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. income tax return. I also realize that if I do not give proof when asked, the student may not be processed for financial assistance.

\_\_\_\_\_  
Student's Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Spouse's Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY:**

Action Taken: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_