SPECIAL CONDITIONS FORM
2014-2015 Academic Year

Multnomah University
Financial Aid Office
8435 NE Glisan Street, Portland, OR 97220
Phone: 503.251.5335 Fax: 503.445.5199
Email: finaid@multnomah.edu

Federal regulations allow the Financial Aid Office to use professional judgment to make changes to the original information reported on the FAFSA, when a valid reason for the change exists. Some of the more common reasons are listed below. If you meet the criteria listed for consideration, mark the reason and give a brief explanation. If the reason is not listed below, please submit a written explanation with appropriate dollar amounts to the Financial Aid Office. Please complete the appropriate income information on reverse side and return to Multnomah's Financial Aid Office. You must include specific dollar amounts when you fill this out.

Student Name (printed): _____

☐ **Student's (and/or spouse's) income will change significantly from the income listed on the FAFSA.** On the reverse side please list your best estimate of what your income will be between the twelve-month period of **July 1, 2014 through June 30, 2015**. Also, estimate the amount of federal income tax to be paid based upon that income.

☐ **Parents' income (for dependent students only) will change significantly from the income listed on the FAFSA.** On the reverse side please list your best estimate of what the parents' adjusted gross income will be during the twelve-month period of **July 1, 2014 through June 30, 2015.** Also, estimate the amount of federal income tax to be paid based upon that income.

☐ **A source of untaxed income listed on the FAFSA will not be available or will be significantly less for 2013.** On reverse side please list the source of untaxed income and the total amount to be received for the twelve-month period of **July 1, 2014 through June 30, 2015**.

Complete the following:
1) Please fill out the reverse side completely.
2) Give a written explanation for the change (please use the space provided below and attach an additional sheet, if necessary). Your Special Condition appeal cannot be processed without an explanation of your situation.

Please provide the following information (in **gross** amounts, estimates are acceptable) for the **2014-2015** academic year (7/1/14-6/30/15). Please do not leave any line blank. If the amount is zero, please put a zero on the line item.
**Please note that we may request other documents.

	Student (and spouse, if married)	**Parent (s)**
Earnings from work (student):	$_____	$_____ (father)
Earnings from work (spouse)	$_____	$_____ (mother)
Other Taxable Income:		
Interest	$_____	$_____
Pensions	$_____	$_____
Unemployment	$_____	$_____
Taxable Social Security	$_____	$_____
Other	$_____	$_____
Other Untaxed Income:		
Child Support	$_____	$_____
Housing Allowance	$_____	$_____
IRA/Keogh payments	$_____	$_____
Other	$_____	$_____
TOTAL	**$_____**	**$_____**

Certification of Statement

I/We certify that the information on this form is true, complete, and correct to the best of my/our knowledge. I/We understand that false statements or misrepresentations are cause for denial, reductions, withdrawal, and/or repayment of financial aid. I/We also understand that this information will be used in accordance with federal guidelines and may or may not result in an adjustment to the student's financial aid eligibility.

_____ _____ _____ _____
Student Signature Date Spouse Signature Date

_____ _____
Parent Signature Date

OFFICE USE ONLY

Financial Aid Approval: ___Approved ___Denied _____ _____
FAA's Signature Date

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