



**SPECIAL CONDITIONS FORM  
2018-2019 Academic Year**

**RETURN THIS FORM TO: Multnomah University Financial Aid Office** | 8435 NE Glisan Street | Portland, OR 97220 | Phone: 503.251.5335 | Fax: 503.445.5199 | Email: [finaid@multnomah.edu](mailto: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 filling out this form.

*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, 2018 through June 30, 2019**. 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, 2018 through June 30, 2019**. 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 2018.** 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, 2018 through June 30, 2019**.

**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.

**ESTIMATED INCOME**

Please provide the following information (in **gross** amounts, estimates are acceptable) for the **2018-2019** academic year (07/01/2018-06/30/2019). 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 additional documents.

	<b>Student (and spouse, if married)</b>	<b>Parent (s)</b>
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	\$ _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

**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

\_\_\_\_\_

Date

\_\_\_\_\_

FAA's Signature