SPECIAL CONDITION APPLICATION - INDEPENDENT STUDENT

STEP 1:
Student’s Name ________________________________________________________________
Student’s Permanent Mailing Address ____________________________________________
Please Print Student’s Name ____________________________________________________

STEP 2:
Please complete any of the following that apply. At least one of the conditions in
A-F must apply or you are not eligible to complete this form.

A. You (the student) worked fulltime (at least 35 hours a week for at least 30 weeks)
in 2013, but you are not working fulltime now. Indicate: the total number of weeks
you worked fulltime in 2013 _________; your average number of hours worked during
those weeks ______; and the reason for the reduction in your employment; Condition
could have developed due to retirement. (Unemployment status must be present for 8
WEEKS, THE MAJORITY OF WHICH ARE IN 2014): ______________________________________

B. Your spouse earned money in 2013, but has lost his/her job for at least 8 weeks, the
majority of which are in 2014. Indicate the dates of unemployment - from __/__/__ to __/__/__;
and the reason for the unemployment: ________________________________________________

C. You or your spouse (circle one) earned money in 2013, but has not been able to earn
money in the usual way for at least 8 weeks, the majority of which are in 2014. This must be the result of either a disability or a natural disaster that happened in 2013 or 2014. Indicate the dates of loss of income – from __/__/__ to __/__/__ and
describe the disability or natural disaster: ____________________________________________

D. You or your spouse (circle one) received some untaxed income or benefit in 2013 but
have COMPLETELY lost that income or benefit. The untaxed income or benefit must be
from a public or private agency, from a company, or from a person because of a court
order. (Don’t include loss of veteran’s educational benefits.) Untaxed income and
benefits include:

___ Court-ordered child support
___ Untaxed retirement or disability benefits
___ Other; please describe________________________________________________________
Indicate: dates of loss of income, from __/__/__ to __/__/__ and the reason for the
loss: ____________________________________________________________________________

*E. You have already applied for federal student aid and, since that time, you have have
gotten separated or divorced. Write in the date you got separated or divorced
__________________.

*F. You have already applied for federal student aid and, since that time, your spouse
has died. Write in the date that your spouse died: _________________________________

*If you were separated/divorced when you originally applied for financial aid, or your
spouse had died prior to that time, this form is not relevant: Stop here and contact
our office.

*If you are completing this form because you have become separated or divorced, or because
your spouse has died after you originally applied for aid, only include information
relevant to you throughout this form. (i.e.: your expected income only, the number of
people you will support, and only your share of assets, including expected life insurance
benefits, etc.)

STEP 3:
What is your current marital status?
___ single ___ married ___ divorced ___ separated ___ widowed

**STEP 4:**
Who will be a part of your household in the 2014-15 school year?
Number of family members in 2014-15: _____ (Write in the total number of people that you (and your spouse) will support between July 1, 2014 and June 30, 2015. Always include yourself. Also include dependent children. Include other people only if they live with you and you provide over ½ of their support and you will continue to provide that support.)

Number of college students in 2014-15: _____ (Of the number above, write in the number of family members who will be in college at least ½ time in the 2014-15 school year. Include yourself.)

**STEP 5:**
Please complete all questions below, even if the answer is $0:

I/we will complete the following 2014 tax form: __1040A or EZ  __1040  __Won’t file

**Expected 2014 Income**
A. Your earnings from Jan. 1, 2014 through today: __________
B. Your expected TOTAL 2014 unemployment compensation: __________
C. Your spouse’s earnings from Jan. 1, 2014 through today: __________
D. Your spouse’s expected TOTAL 2014 unemployment compensation: __________
E. Other expected taxable income for 2014: __________
F. Total of A-E: __________

This total should not be substantially different from your actual 2014 federal adjusted gross income, once your 2014 federal tax return is completed.

**Expected 2014 U.S. Income Tax To Be Paid:**
Don’t include self-employment, state/local, or social security tax. Also, report your expected year-end tax responsibility, not what will be withheld from your paycheck.

**Expected Untaxed Income/Benefits:**
In figuring expected untaxed income and benefits for 2014, remember that for each kind of income or benefit below you must add together the amount actually received from 1/1/14 until today and the amount expected from tomorrow until 12/31/14.

Please report a value for all of the following, even if the response is $0.

Voluntary payments to tax-deferred pension and savings plans (paid Directly or withheld from earnings), which includes payments to IRA/ KEogh, 401K or 403B programs:
Tax exempt interest income:
Untaxed portions of IRA distributions and pensions. Exclude rollovers:
Child support received for all children:
Housing, food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits):
Money received, or paid on your behalf (e.g., bills paid) not reported elsewhere:
Veteran’s noneducational benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC):
Any other untaxed income and benefits not reported elsewhere such as workers’ compensation, untaxed portions of retirement benefits, disability, etc.

DON’T INCLUDE:
* taxable income or any income reported elsewhere on the form
* money from student financial aid
* veteran’s benefits for education (GI Bill, Dependents Educational Assistance Program, or VA Contributory benefits).
* money to be paid into tax-sheltered or deferred annuities or “rollover” pensions
* untaxed combat pay
* flexible spending arrangements (e.g., cafeteria plans)
* untaxed Social Security benefits
* welfare benefits (including food stamps or housing subsidies)

STEP 6:
Amount of child support to be **PAID OUT** in 2014 by you/your spouse. (Not to be confused with amount to be **RECEIVED** in 2014.) Please provide the full name of the child(ren) for whom support will be paid and the amount to be paid in 2014: ______________________

Is the child(ren) included in the family size in Step 4 above? ______________________

Amount of Education Tax Credits that you expect to take in 2014: ______________________

Taxable earnings from Federal Work Study or other need based work programs expected in 2014: ______________________

Student grant, scholarship, fellowship and assistantship aid, including AmeriCorps, that will be reported to the I.R.S. in 2014 in your adjusted gross income: ______________________

Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income: ______________________

STEP 7:
**YOUR ASSETS**
Add up all the money you/your spouse have today in cash, savings accounts, and checking accounts: ______________________

If you own other real estate or have investments: (If you don’t, write in $0. Don’t include the value or debt of your home if it is the primary place of residence.)

What are they worth today? ______________________

What is owed on them? ______________________

If you own a business: (If you don’t, write in $0. Don’t include the value of a small business that you own that has fewer than 100 full time employees.)

What is your share worth today? ______________________

What is owed on your share? ______________________

If you own a farm: (If you don’t, write in “0”)

What is your share worth today? ______________________

What is owed on your share? ______________________

If you have ownership in a farm, do you live on that farm, and will you claim on Schedule F of your 2014 tax return that you “materially participated in the farm’s operation”?  _____ Yes  _____ No

STEP 8:
Please list any other circumstances you would like us to be aware of, or provide explanation of any information you have reported:
STEP 9:
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.

________________________________________  _______________________________________
Student Signature      Signature of Student’s Spouse

Date Completed: _________________

SPECIAL NOTE: You may be required to submit a copy of your actual 2014 federal tax return once it is completed, to verify the accuracy of the information reported on this form. It is therefore important that you make this information as accurate as possible. Any state, federal, or institutional aid awarded based on the information provided on this application may be revoked if actual figures differ significantly from those provided, or if you fail to submit the requested 2014 tax return.

Upon completion, mail this form to:  Office of Financial Assistance
Buena Vista University
610 West 4th Street
Storm Lake, Iowa 50588

If you have questions, please call:  1-800-383-2821 ext.2164