

The Special Conditions Form can be used if you or your family has experienced an unusual circumstance that may affect your ability to pay for your education at the University of Baltimore. Before the office can take your circumstance into consideration, you must have filed the 2020-2021 Free Application for Federal Financial Aid (FAFSA). The reduction must result from one of the special conditions listed below occurring between January 1, 2018 and December 31, 2019.

This form is designed to adjust the Expected Family Contribution (EFC) which determines what portion of aid can be need based. Submitting this form does not necessarily mean additional aid will be awarded.

**NOTE:** Graduate and Law/APD students are awarded Unsubsidized Direct Loans only and will not benefit from filing a Special Conditions Form.

Please complete and return this form and any requested documentation to the Office of Financial Aid. Documents may be faxed to 410.837.5493 or scanned and emailed to [financialaid@ubalt.edu](mailto:financialaid@ubalt.edu). Please allow 3-5 business days for your To-Do List to be updated once submitted. Please note the review process can take up to 3 weeks.

### STUDENT INFORMATION

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Last Name	First Name	M.I.	Student ID Number
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Email Address	Telephone Number	Date of Birth
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### SPECIAL CONDITION (Check each category that identifies your special condition)

#### Option 1: Death of parent or spouse. Please provide the following:

A copy of the death certificate

A copy of your 2018 & 2019 IRS Tax return Transcript

A copy of your parent or spouse 2018 & 2019 IRS Tax Return Transcript (Please provide an explanation if you are unable to obtain this information)

A copy of all 2018 & 2019 W2 Forms

#### Option 2: Separation or divorce of parent (or student). Please provide the following:

If separated, please provide documentation showing the individuals live in separate residences.

If divorced, please provide the divorce decree.

A copy of your 2018 & 2019 IRS Tax return Transcript

A copy of your parent or spouse 2018 & 2019 IRS Tax Return Transcript

A copy of all 2018 & 2019 W2 Forms

#### Option 3: Permanent and total disability suffered. Please provide the following:

A signed letter from a physician stating the extent and duration of the disability

Documentation showing year-to-date income received (last pay stub if applicable)

Disability benefit statement from Social Security Administration

A copy of your 2018 & 2019 IRS Tax return Transcript

A copy of your parent or spouse 2018 & 2019 IRS Tax Return Transcript

A copy of all 2018 & 2019 W2 Forms

**Option 4: Loss or reduction of income of at least 20%. Please provide the following:**

A dated letter of resignation or termination

Documentation showing year -to-date income received (last pay stub)

Documentation of benefits from Unemployment Administration showing monthly benefit or denial of benefit, if applicable

Documentation of severance, if applicable

A copy of your 2018 & 2019 IRS Tax return Transcript

A copy of your parent or spouse 2018 & 2019 IRS Tax Return Transcript

A copy of all 2018 & 2019 W2 Forms

**Option 5: Reduction of untaxed income. Please provide the following:**

A copy of supporting documentation showing the reduction

A copy of your 2018 & 2019 IRS Tax return Transcript

A copy of your parent or spouse 2018 & 2019 IRS Tax Return Transcript

A copy of all 2018 & 2019 W2 Forms

**Option 6: One time income received that will not be received next year. Please provide the following:**

A copy of supporting documentation showing the one time occurrence

A copy of your 2018 & 2019 IRS Tax return Transcript

A copy of your parent or spouse 2018 & 2019 IRS Tax Return Transcript

A copy of all 2018 & 2019 W2 Forms

**EXPLANATION OF APPEAL**

Please explain your special conditions in detail. How has the situation affected your ability to pay for 2020-2021 educational expenses?

**FAMILY INFORMATION (NOTE: Students using parental data on the FAFSA are classified as dependent)**

**Dependent Students**

List the people in your parent’s household including:

- Yourself
- Parent(s) (including step-parent) even if you don't live with them
- Your parents' other children, even if they do not livewith your parent(s), if (1) your parents will provide more than half of their support from July 1, 2020 through June 30, 2021 or (2) the children would be required to give parental information when applying for Federal Student Aid
- Any other people if they now live with your parents, your parents provide more than half of their support, and will continue to provide more than half of their support from July 1, 2020 through June 30, 2021

**Independent Students**

List the people in your parent’s household including:

- Yourself and your spouse, if married
- Your children, if any, if you will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the child would be required to provide your information if they were completing a FAFSA for 2020–2021: include children who meet either of these standards, even if they do not live with you
- Any other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2021

**Family Information:**

	<b>Full Name</b>	<b>Age</b>	<b>Relationship</b>	<b>Name of College</b> (if enrolled at least half time this year) <i>Do not include your parent's college</i>	<b>Did/Will this person file a 2018 Federal Tax?</b>	
1.	_____	_____	_____	_____	Yes	No
2.	_____	_____	_____	_____	Yes	No
3.	_____	_____	_____	_____	Yes	No
4.	_____	_____	_____	_____	Yes	No
5.	_____	_____	_____	_____	Yes	No
6.	_____	_____	_____	_____	Yes	No

**E. SIGN THIS WORKSHEET**

By signing this worksheet, I (we) certify that all the information reported on this worksheet to qualify for federal student aid is complete and correct. If you are dependent for financial aid purposes, at least one parent must sign. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

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Student Signature:                      Date:                      Parent Signature:                      Date: