

Office of Financial Aid, Veteran Services and Student Employment

2500 Carlyle Avenue • Belleville, IL 62221-5899

866-942-SWIC (7942), ext. 5288 • 618-235-2700, ext. 5288 • Fax 618-235-3827

SPECIAL CONDITION REQUEST

Student's Name: _____

Student's SWIC ID #: _____

Students may complete this form to request a reassessment of their financial need due to a significant change in personal finances. There must have been a legitimate change (at least 10% of original income) to qualify for an adjustment. On a case-by-case basis, a committee will evaluate the documented circumstances based on the requirements below. Review can take 3-4 weeks after all required documentation has been submitted. An approved submission lasts for the current academic year only and may need to be resubmitted again for the next academic year.

THINGS TO CONSIDER PRIOR TO SUBMISSION

Upon submission of a special condition, you are requesting a manual review of your financial aid information. The manual review will result in (subject to administrative discretion):

- Remove all current Title IV awards until the special condition process is complete.
Manually select your file for verification to ensure all FAFSA information is accurate.
Re-evaluate your award eligibility based on the results of your special condition evaluation.

PLEASE NOTE: You must monitor your eSTORM and SWIC student email regarding updates on the review and changes to your account.

REQUIRED DOCUMENTATION FOR ALL SUBMISSIONS
Special Condition reviews cannot be processed after the end of the period of enrollment or a student is no longer enrolled.
Please submit all documentation no later than 30 days prior to the end of the semester to allow for timely review.

Complete 2024-2025 FAFSA.

All required verification documentation.

2022 IRS Tax Return Transcript (student, and parent(s) or spouse) OR signed federal tax return with (if filed) Schedules 1, 3, and C, and Form 8863.

All 2022 W-2's and 1099's (student, and parent(s) or spouse).

2023 IRS Tax Return Transcript (student, and parent(s) or spouse) OR signed federal tax return with applicable schedules and forms.

All 2023 W-2's/1099's .

After February 1, 2025, also submit all 2024 W-2's/1099's and signed 2024 federal tax return with applicable schedules and forms.

ADDITIONAL REQUIRED DOCUMENTATION ACCORDING TO SITUATION

Complete loss of employment:

Name of unemployed person(s): _____

Official notification of termination (including last date of employment).

Official notification of approval or denial of unemployment benefits.

Reduction in income:

Name of person(s) with reduction in income: _____

Official notification of reduction of income (notification of reduced hours/pay rate or termination letter).

Last/final pay stub prior to reduction and 2 most recent pay stubs reflecting current income.

Reduction or loss of untaxed income or benefits:

Name of person(s) who lost benefits: _____

Official notification of reduction/loss of benefits (including type of benefits and date of adjustment).

Student's Name: _____ SWIC ID Number: _____

ADDITIONAL REQUIRED DOCUMENTATION ACCORDING TO SITUATION

One-time income or payment exclusion:
(explanation must include why this income or payment is not available for educational expenses)

Type of one-time payment/benefit: _____

Name of person affected/beneficiary: _____

Date of one-time event: _____

One-time amount to be removed: _____

Change in marital status after the FAFSA was completed:
(ex. death/divorce of spouse reported on the FAFSA, death of parent reported on the FAFSA)

Name of person and the relationship to student: _____

Type of marital status change and date of change: _____

Official documentation (copy of death certificate, obituary, divorce decree, etc.)

Other circumstances or unusual expenses that affect the student, spouse, or parent(s) financial situation:

Please contact our office to discuss the situation and applicable documentation.

DETAILED STATEMENT REGARDING THE SPECIAL CONDITION
Please include dates and person/company names specific to your situation.

[Empty box for detailed statement regarding the special condition]

I certify that all of the information provided is true and complete to the best of my knowledge. I agree to provide additional information if requested by the Office of Financial Aid, Veteran Services and Student Employment. I understand that if the information provided is incomplete or lacks the required documentation, it will delay the processing of my special condition request.

Student's Signature (required)

Date

Parent's Signature (required if you are a dependent student)

Date