THE UNIVERSITY OF OKLAHOMA STUDENT FINANCIAL CENTER

1000 Asp Avenue, Room 105 Norman, Oklahoma 73019-4078 Phone (405) 325-9000 Fax (405) 325-7608 <u>sfc@ou.edu</u>

2019-2020 INDEPENDENT STUDENT SPECIAL CONDITON FORM

For use by independent students (or their spouses) whose loss of earnings began in 2018 For loss of earnings that began in 2019 please complete a 2019-2020 Projected Income Form.

Studer	nt Name: Daytime phone #:	_ Daytime phone #:						
Social	Security #: Sooner ID #:	r ID #:						
	rm is for use by Independent students and in some cases, as determined by the Office of s. If the questions on this form apply to you, complete the form as instructed and return it to the		•					
<u>Sectio</u>	o <u>n 1</u> : Loss of taxable income or loss of earner							
1.	Did you work at least 35 hours per week for at least 30 weeks in 2017 but ceased working in 2018? Yes No							
	If "Yes", what is the date you stopped working?	Attach a written	explanation					
	listing the reason(s) you stopped working. This is required for your request to	be considered.						
2.	Since January 1, 2018, has your spouse lost his/her job for at least 10 weeks?	Yes	No					
	If yes, what is the date /your spouse lost his/her job?							
3.	Since January 1, 2018, have you or your spouse been unable to work and earn money in the usual way due to a disability or natural disaster for at least 10 weeks in 2018? (Natural disaster includes such things as a tornado, fire flood, etc.) Yes No							
	If "Yes", what is the nature of the natural disaster or disability?							
	What date did the change in earnings begin?							
4.	Were you married when you completed the 2019-2020 FAFSA but have since legally separated or divorced?							
		Yes	No					
	If "Yes", you MUST attach documentation of legal separation or divorce.							
5.	Has your spouse died since you completed the 2019-2020 FAFSA?	Yes	No					
	If "Yes", report the amount of life insurance benefits you received or will receive in 20)18. \$ <u> </u>						

If you answered yes to any of the above questions, attach a signed copy of your 2018 federal income tax return with all schedules and W-2 forms. If you are married and you and your spouse filed separately submit signed copies of both tax returns. If you or your spouse were not required to file a 2018 federal tax return and will not file, contact a financial aid counselor. Next, complete the section below as indicated.

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List the amount of any other income received during 2018. **Do not leave any item blank** – enter zeros if applicable.

	2018 income
Unemployment Compensation	\$
Housing Allowance (example: Military or Clergy)	\$
Child Support	\$
All Other Non-Taxable Income	\$
Life Insurance proceeds	\$

Section 2:	Loss of	untaxed	income	and	other	change	in	circumstances

ection	<u>n 2</u> : Loss of untaxed income and other change in c	ircumstances						
1.		lost unemployment compensation or some untaxed income ocome or benefits from a public or private agency) which you						
	received in 2017 :		Yes	No				
	If "Yes", attach documentation showing the income documentation showing the total amount of the income		der for child s	upport). Attach	1			
2.	Have you incurred other <u>non-discretionary expenses</u> (expenses not associated with lifestyle or personal choice Examples: Private school tuition for a child with special educational or medical needs, excessive medical expenses covered by insurance or reimbursed by another source, care for an elderly dependent parent, etc.							
	If you answered "Yes", you should contact the Student	t Financial Center.	Yes	No				
Supporting documentation must be attached or the request will be denied.								
Sigr	atures							
I certify that all information is true and accurate to the best of my knowledge and that I have provided the documentation requested to verify the information provided on this form. I understand I may be required to provide additional documentation to support this request. THE PENALTY FOR SUBMISSION OF FRAUDULENT INFORMATION ON THIS FORM MAY INCLUDE REPAYMENT OF MONEY RECEIVED, PLUS A FINE AND/OR IMPRISONMENT.								
Stude	ent Signature/Date	Spouse Signature/Date						

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