



SPECIAL CONDITION REQUEST FOR REVIEW
2025-2026

Student's Name _____ Student's ID Number _____

The Financial Aid Office recognizes that a family can experience a change in financial circumstances, which make it necessary to re-evaluate an aid application. Before consideration will be given, the student must have submitted a 2025-2026 Free Application for Federal Student Aid (FAFSA) and the results must be on file. In addition, if selected for the federal verification process (VF), the 25-26 VF process must be finalized.

SEE PAGE 2 of FORM FOR A LIST OF REQUIRED DOCUMENTS

Please CHECK BELOW the special circumstance that will affect your family & answer all questions below the item. Students and parents are required to provide the documentation as noted on page 2 of this form and SIGN BELOW.

___ Unemployment of a parent, student, or student's spouse due to termination, disability, retirement or layoff.

Name of unemployed person: _____ Relationship to student: _____
Date of unemployment: ___/___/___ Weekly amount of Unemployment Benefits: \$ _____
What is the total amount of severance or vacation pay, if any, to be received in 2025? \$ _____
Has the person returned to work? ___ Yes ___ No If yes, indicated date: ___/___/___
If yes, indicate monthly gross income from new job: \$ _____

___ Divorce or Separation of student or student's parents.

Date of Divorce or Separation: ___/___/___ Name of parent student lives with? _____
Indicate weekly amount of support received by this parent:
Child Support (for all children): \$ _____ Alimony: \$ _____ Household Support: \$ _____

___ Death of a parent or spouse.

Name of deceased person: _____ Date of Death: ___/___/___
Date Social Security Benefits began: ___/___/___ Monthly amount for all family members: \$ _____

___ Loss of Untaxed Income or Benefits, such as, social security, child support, pension, etc.

Person who lost benefits: _____ Type of benefits lost: _____
Date of benefits lost: ___/___/___ Total received in 2024: \$ _____ Total to receive in 2025: \$ _____

___ Unreimbursed Paid Medical Expenses in 2024.

Name of person(s) incurring the expenses: _____
Nature of illness: _____

___ Student Loss of FULL-TIME Work (Student worked at least 35 hours a week for at least 30 weeks in 2024, but is no longer working full-time).

Applicant is currently working ___ part-time or ___ unemployed.
Reason for change in employment status: _____
If working part-time, what are the expected wages for 2025? \$ _____
If unemployed, please answer all questions in Unemployed section above.

___ Other. Please attach a detailed letter of explanation. See page 2 of form for list of circumstances which will NOT be considered.

Student Signature _____ Date: _____

Parent/Spouse Signature _____ Date: _____

Required Document for Special Condition Requests

In addition to the required document to support the request, it is recommended that the student and/or parent write a letter describing the extenuating circumstances which have affected their ability to pay for college.

A SIGNED copy of the student's and parent's, if dependent, 2023 & 2024 Federal Income Tax Return, including all pages, schedules, and W-2 forms, MUST be submitted with all requests.

Unemployment

- Copy of "Notice to Claimant of Benefit Determination" from unemployment office.
- Notice of termination from employer with indication of last date of employment.
- Last pay stub(s) from former employer.
- Verification of retirement or medical disability.

Divorce or separation

- Divorce decree or legal separation document.
- If legal papers are not available, submit verification of differing addresses. This may be a driver's license, utility bills, signed lease, employer verification, care insurance bill, etc.

Death of parent/spouse

- Death certification obituary notice or bill from funeral home.

Loss of Untaxed Income or Benefits

- Statement from agency which terminated benefits.

Unreimbursed Paid Medical Expenses

- Copy of Schedule A from 2023 & 2024 Federal Income Tax Return.
- If **no** Schedule A was filed, cancelled checks and/or receipts showing amount paid AND statements from insurance company indicated unreimbursed expenses.

Other

- Submit any relevant documentation to support the request.

Please note that the following condition will NOT be considered:

- Parent and/or step-parent unwilling to provide information on a financial aid application and/or assist in paying for college.
- Unusual expenses related to consumer debt, such as, credit card debit, care or insurance payments, mortgages, income or real estate taxes.
- Families with prior Special Conditions who underestimate their income.
- Reductions in pay due to voluntary overtime.
- Bankruptcy proceedings.

Return this request with documentation to: Office of Student Financial Services
Dominican University New York
470 Western Highway
Orangeburg, NY 10962

Phone: (845) 848-7821
Fax: (845) 359-4317