

Walden University

2007-2008 Special Conditions Form for Dependent Students

Student's Name _____
 Last First M.I.

Student's Social Security # _____

INSTRUCTIONS

1. *Identify the applicable special conditions(s)*
2. *Compile the documents required for the condition(s) you identify.*
3. *Complete Part(s) A, B, and C on the back of this form as appropriate*
4. *Return this form, the required documents, and a letter explaining your special condition(s) to the Financial Aid Office at Walden University.*

Identify the Special Condition and submit the appropriate **DOCUMENTATION**

- | | |
|--|--|
| <ul style="list-style-type: none"> • A parent who has been unemployed or unable to work for at least 30 days in 2007, and the lost income is equal to at least 7 % of the income earned in 2006; Complete Part A on back of this form. | <p>Submit this Documentation
 A letter from employer or a copy of the termination which confirms:</p> <ul style="list-style-type: none"> • last date of employment • average number of hours worked weekly • number of weeks worked in 2007; and • total wages paid to parent in 2007 • A signed copy of parent's 2006 Federal Tax Return and Schedules |
| <ul style="list-style-type: none"> • Parent have recently separated or divorced; Complete Part B on the back of this form. | <p>Submit this Documentation
 A copy of the court order or other Official document which confirms:</p> <ul style="list-style-type: none"> • date of separation/divorce • A signed copy of parent's 2006 Federal Income Tax return and W-2s |
| <ul style="list-style-type: none"> • Your parent has recently died; Complete Part B on the back of this form. | <p>Submit this Documentation
 A copy or photocopy of:</p> <ul style="list-style-type: none"> • death certificate; or • Newspaper obituary |
| <ul style="list-style-type: none"> • Your parent's 2006 medical and dental expenses, not paid by insurance, exceeded 7% of your parent's total 2006 income. To qualify, these expenses must have been paid in 2006. | <p>Submit this Documentation
 A signed copy of:</p> <ul style="list-style-type: none"> • All pages of parents' 2006 Federal Tax Return and Schedules <p>Photocopies of:</p> <ul style="list-style-type: none"> • receipts/ cancelled checks front and back and an itemized listing of medical and dental payments made during 2006 showing total expenses not covered by insurance. |

PART A - COMPLETE EVERY ITEM; ENTER -0- WHERE APPROPRIATE

Parent's projected wages, salaries, tips for 2007	\$ _____ .00
Parent's projected unemployment compensation for 2007	\$ _____ .00
Parent's severance pay	\$ _____ .00
Parent's projected wages, salaries, tips for 2007	\$ _____ .00
Parent's projected other taxable income for 2007	\$ _____ .00
Parent's projected untaxed income*, including alimony and child support	\$ _____ .00
Parent's interest and dividend income for 2007	\$ _____ .00
Parent's business or farm income for 2007	\$ _____ .00
Parent's income received from rent, after expenses	\$ _____ .00

PART B

Parent's current marital status..... Single Separated Divorced Widowed

Number of family members in parent's household \$_____00

Number of family members in college during 2007-2008, excluding parent \$_____00

Parent's projected income earned from work in 2007 \$_____00

Projected other taxable income for 2007 \$_____00

Projected untaxed income*, including child support for 2007 \$_____00

Total cash, savings, and checking accounts \$_____00

Other real estate/investments..... value: \$_____00
Do not include the house in which you live Debt: \$_____00

Business/farm..... value: \$_____00 Debt: \$_____00

PART C

How much did your parents pay for medical/dental insurance in 2006?
Do not include employer's contribution \$_____00

What were your family's 2006 medical/dental costs not covered by insurance?
Include only amounts PAID in 2006 \$_____00

***The following is considered "untaxed income"**

- | | |
|--|---|
| Deductible IRA and/or Keough payments | Hope Scholarship tax credit |
| Earned Income Credit | Lifetime Learning tax credit |
| Untaxed portions of pensions (excluding rollovers) | Veterans' non-education benefits, such as death |
| Payments to tax-deferred pension/savings plans paid directly or withheld from earnings | Pension and Dependency and Indemnity Compensation (DIC), etc. |
| Welfare benefits including AFDC/ADC | Housing, food or other living allowances paid to members of the military, clergy, or others |
| Workers' Compensation | Cash gifts or any money paid on your behalf |
| Untaxed Social Security benefits | Credit for federal tax on special fuels |
| Tax exempt interest income | Foreign income exclusion |

HOUSEHOLD INFORMATION: List your family members and the college they will be attending. List yourself, your parents, your parents' other dependent children, as well as any other person who lives with your parents and is dependent on them.

Name	Age	Relationship to you, the student	Attending what college and where
1.		STUDENT	
2.			
3.			
4.			
5.			
6.			

Add a list if more than six members.

CERTIFICATION

All of the information provided by me or any other person 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. I realize that under estimating projected income could result in reduced eligibility, repayment of aid, or both. I further understand that purposely giving false misleading information may subject me to fines or other penalties. I understand that the decision that is made by the Financial Aid office will be FINAL.

Student's signature

Date

Parent's signature

Date