

Walden University
2007-2008 Special Conditions Form for Independent Students

Student's Name _____
 Last First M.I.

Student's Social Security # _____

INSTRUCTIONS

1. *Identify the applicable special condition(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 the 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"> • You or your spouse 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 student in 2007 • A signed copy of student's 2005 Federal Income Tax Return |
| <ul style="list-style-type: none"> • You and your spouse 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 student's 2005 and 2006 Federal Income Tax return and W-2s |
| <ul style="list-style-type: none"> • Your spouse 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 family's 2006 medical and dental expenses, not paid by insurance, exceeded 7% of your and your spouses total 2006 income. To qualify, these expenses must have been paid in 2006. | <p>Submit this Documentation
 A photocopy of:</p> <ul style="list-style-type: none"> • Schedule A (Itemized deductions filed with 2006 Federal Income Tax return or, if no Schedule A was filed, <p>Photocopies of:</p> <ul style="list-style-type: none"> • receipts/ cancelled checks and an itemized listing of medical and dental payments made during 2005 and/or 2006 showing total expenses not covered by insurance. |

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

Who lost income or benefits.....	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse
Student's projected wages, salaries, tips for 2007	\$ _____ .00	
Student's projected unemployment compensation for 2007	\$ _____ .00	
Student's severance pay	\$ _____ .00	
Spouse's projected wages, salaries, tips for 2007	\$ _____ .00	
Student and Spouse's projected other taxable income for 2007	\$ _____ .00	
Student and Spouse's projected untaxed income*, including alimony and child support	\$ _____ .00	
Student and Spouse's interest and dividend income for 2007	\$ _____ .00	
Student and Spouse's business or farm income for 2007	\$ _____ .00	
Student and Spouse's income received from rent, after expenses	\$ _____ .00	

PART B

Student's current marital status.....	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Number of family members in student's household				\$_____00
Number of family members in college during 2007-2008				\$_____00
Student'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				
<i>Do not include the house in which you live</i>				Debt: \$_____00
Business/farm..... value: \$_____00				Debt: \$_____00

PART C

How much did you and your spouse pay for medical/dental insurance in 2006? <i>Do not include employer's contribution</i>	\$_____00
What were your family's 2006 medical/dental costs not covered by insurance? <i>Include only amounts PAID in 2006</i>	\$_____00

*The following is considered "untaxed income"

Deductible IRA and/or Keough payments

Earned Income Credit

Untaxed portions of pensions (excluding rollovers)

Payments to tax-deferred pension/savings plans paid directly or withheld from earnings

Welfare benefits including AFDC/ADC

Workers' Compensation

Untaxed Social Security benefits

Tax exempt interest income

Hope Scholarship tax credit

Lifetime Learning tax credit

Veterans' non-education benefits, such as death

Pension and Dependency and Indemnity Compensation (DIC), etc.

Housing, food or other living allowances paid to members of the military, clergy, or others

Cash gifts or any money paid on your behalf

Credit for federal tax on special fuels

Foreign income exclusion

HOUSEHOLD INFORMATION: List your family members and the college they will be attending. List yourself, your spouse, and any children for whom you provide more than half of their support.

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.

Student's signature_____
Date_____
Spouse's signature_____
Date