

2016-2017 SPECIAL CONDITIONS

RETURN TO: CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 FAX: (805) 756-7243 EMAIL: financialaid@calpoly.edu	Student Last Name:
	Student First Name:
	Phone #: EMPL ID#:

Consideration of special conditions requires verification of your original FAFSA data. For the purpose of income comparison the Financial Aid office strongly encourages the use of the IRS Data Retrieval Tool at www.fafsa.gov to expedite review. *Attach all supporting documentation at the time of form submission.*

SPECIAL CONDITIONS: If you or your family has unusual circumstances that might affect your financial aid eligibility, please mark the appropriate box or explain below and attach indicated supporting documentation:

- Excessive medical/dental expenses not covered by insurance.
Attach supporting documentation: Medical/dental receipts
- Parent in college: My parent(s) attends college at least half-time and is pursuing a degree during the 2016-2017 academic year.
Attach supporting documentation: 1040 Schedule A or Parent's enrollment & degree/certificate program verification.
- Student's child care costs.
Attach supporting documentation: Child care receipts.
- Marriage (student): I have updated my FAFSA to reflect a change in marital status.
Attach supporting documentation: Marriage certificate and student statement addressing change in ability to pay for school.
- Death of parent or spouse.
Attach copy of death certificate and information on surviving parent's or student's (if spouse) income and assets.
- IRA/Pension Rollover
Attach supporting documentation: 1099R and Tax Return Transcript from the IRS
- Other: _____

For Office Use Only

Initials _____

SIGNATURES ARE REQUIRED FOR ALL PERSONS REPORTING SPECIAL CONDITIONS ON THIS FORM: For example, parent signature required when submitting parent medical or tuition expenses.

I certify hereby certify that all information reported to on this form and any attachment is true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature (No electronic signature.)	Date	Parent Signature (No electronic signature.)	Date
Spouse Signature (If applicable. No electronic signature)	Date		