

## 2017-2018 SPECIAL CONDITIONS

<b>RETURN TO:</b> CAL POLY FINANCIAL AID OFFICE SAN LUIS OBISPO, CA 93407-0201 <b>FAX: (805) 756-7243</b> <b>EMAIL: <a href="mailto:financialaid@calpoly.edu">financialaid@calpoly.edu</a></b>	Student Last Name:
	Student First Name:
	Phone #: <span style="float: right;">EMPL ID#:</span>

Consideration of special conditions requires verification of your original FAFSA or CA Dream Act application 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](http://www.fafsa.gov) to expedite review. CA Dream Act applicants will need to request a 2015 Tax Return Transcript from [www.irs.gov](http://www.irs.gov). *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:

**For Office Use Only**

  
  
  
  
  
  
  
  
  
  

Initials \_\_\_\_\_

- Excessive medical/dental expenses not covered by insurance.  
 Attach supporting documentation: Medical/dental receipts or 1040 Schedule A, 2015 or 2016
- Parent in college: My parent(s) attends college at least half-time and is pursuing a degree during the 2017-2018 academic year.  
 Attach supporting documentation: 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: 2015 1099R and 2015 Tax Return Transcript from the IRS.
- Other: \_\_\_\_\_

**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
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Spouse Signature (If applicable. No electronic signature)	Date
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