

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Please complete all sections carefully. Provide all information requested and ensure that the proper boxes are marked. This form will not be processed if any items are left blank. If, upon review, we need additional information you will be contacted via your COD email address.

Person(s) with Hardship:	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2
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**SECTION 1: HARDSHIP(S) AND REQUIRED SUPPORTING DOCUMENTATION**

	HARDSHIP	REQUIRED SUPPORTING DOCUMENTATION
<input type="checkbox"/>	Reduction in work hours or partial/temporary loss of employment	<ol style="list-style-type: none"> <li><b>SUBMIT</b> signed 2018 Federal Tax Return 1040 – <b>AND</b> –</li> <li><b>SUBMIT</b> letter from employer – <b>AND</b> –</li> <li><b>SUBMIT</b> most recent paystub</li> </ol>
<input type="checkbox"/>	Loss of employment or Layoff	<ol style="list-style-type: none"> <li><b>SUBMIT</b> signed 2018 Federal Tax Return 1040 – <b>AND</b> –</li> <li><b>SUBMIT</b> “UI Finding Letter” from Unemployment Office –<b>AND</b>-</li> <li><b>SUBMIT</b> most recent paystub</li> </ol>
<input type="checkbox"/>	Reduction in work income due to illness and/or injury	<ol style="list-style-type: none"> <li><b>SUBMIT</b> signed 2018 Federal Tax Return 1040 – <b>AND</b> –</li> <li><b>SUBMIT</b> letter from employer or appropriate medical professional verifying date the employee became unable to work – <b>AND</b> –</li> <li><b>SUBMIT</b> an estimate of when the employee should be able to return to work – <b>AND</b> –</li> <li><b>SUBMIT</b> last paystub matching date employee became unable to work</li> </ol>
<input type="checkbox"/>	Loss of Benefits (Child Support and/or Alimony)	<ol style="list-style-type: none"> <li><b>SUBMIT</b> signed 2018 Federal Tax Return 1040 – <b>AND</b> –</li> <li><b>SUBMIT</b> divorce decree with child support – <b>AND/OR</b> –</li> <li><b>SUBMIT</b> alimony schedules</li> </ol>
<input type="checkbox"/>	Loss of Benefits (Workman’s Comp and/or Long Term Disability Income)	<ol style="list-style-type: none"> <li><b>SUBMIT</b> signed 2018 Federal Tax Return 1040 – <b>AND</b> –</li> <li><b>SUBMIT</b> notification that benefit ended – <b>AND/OR</b> -</li> <li><b>SUBMIT</b> paystub (Last or current) – <b>AND/OR</b> -</li> <li><b>SUBMIT</b> benefit statement pertaining to all other income received, such as Short Term or Long Term disability and/or SSI disability.</li> </ol>
<input type="checkbox"/>	Medical Expenses	<ol style="list-style-type: none"> <li><b>SUBMIT</b> schedule A of the 2018 Federal Tax Return 1040 listing the itemized medical expenses</li> <li><b>SUBMIT</b> documentation of out-of-pocket paid medical expenses for year being reviewed (NOTE: this does not include portions paid by insurance, HSA, FSA, or other entity)</li> </ol>
<input type="checkbox"/>	One time IRA or Pension Distribution	<ol style="list-style-type: none"> <li><b>SUBMIT</b> signed 2018 Federal Tax Return 1040</li> </ol>
<input type="checkbox"/>	Divorce/Death/Separation* Date: _____  <i>* Special Conditions request is not required if event occurred prior to FAFSA filing and reflects single income.</i>	<ol style="list-style-type: none"> <li><b>SUBMIT</b> signed 2018 Federal Tax Return 1040 – <b>AND</b> –</li> <li><b>SUBMIT</b> divorce Decree – <b>OR</b> -</li> <li><b>SUBMIT</b> death Certificate – <b>OR</b> -</li> <li><b>SUBMIT</b> proof of separate address (i.e drivers licenses, utility bills, petition for dissolution of marriage)</li> </ol>

**NOTE: Outstanding Debt/Bankruptcy does not meet the criteria for income reduction.**

**SECTION 2: ESTIMATED INCOME INFORMATION**

Provide estimates of all income that is expected to be received by your household for the calendar year 2020. Fully complete all columns for all individuals reported on the FAFSA.

	Student	Spouse (if married)	Parent 1	Parent 2
2020 Income from Work	\$	\$	\$	\$
2020 Unemployment Benefits	\$	\$	\$	\$
2020 Social Security Benefits	\$	\$	\$	\$
2020 Worker's Compensation	\$	\$	\$	\$
2020 Disability Benefits (Long-Term Disability Benefits, Not-SSI)	\$	\$	\$	\$
2020 Retirement Benefits	\$	\$	\$	\$
2020 Child Support <input type="checkbox"/> Received <input type="checkbox"/> Paid	\$	\$	\$	\$
2020 Alimony <input type="checkbox"/> Received <input type="checkbox"/> Paid	\$	\$	\$	\$
2020 Cash Support (Friends, Relatives, etc.)	\$	\$	\$	\$
Other:	\$	\$	\$	\$

**SECTION 3: EXPLANATION OF SITUATION**

Provide a detailed statement below summarizing your circumstance(s). If more space is needed, please attach a signed statement.


**CERTIFICATION:**

I/We certify that all information on this form is true, complete and accurate. Upon request I agree to provide additional proof of the information reported on this form. **Warning:** If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature (if dependent)

\_\_\_\_\_  
Spouse Signature (if married)

\_\_\_\_\_  
Date

**Please return this form to:**

College of DuPage, Office of Student Financial Assistance – SSC 2220  
425 Fawell Blvd., Glen Ellyn, IL 60137 FAX (630) 942-2151 EMAIL: [specialreview@cod.edu](mailto:specialreview@cod.edu)