



University of Maryland Eastern Shore
Office of Student Financial Aid
 SDC Bldg., Suite 1100
 Princess Anne, MD 21853

2023-2024 Special Condition Application

Student's Name: _____ **UMES ID#:** _____

Complete this form if there is a change in your family's circumstances resulting in a significant decrease in income.

Instructions:

- 1.) Select the calendar year in which the change occurred: ___ 2020 ___ 2021 ___ 2022
- 2.) Select the category in the chart below that represents the change in your family's circumstances
- 3.) Attach the required documentation for your chosen category.
- 4.) If the student, spouse, or parent filed a 2021 Federal Tax Return, attach a copy of all 2021 IRS Tax Return Transcripts or a **Signed** paper copy of all Federal Tax Returns (handwritten documents are not acceptable) and W-2 Form(s).
- 5.) Attach a separate page to describe any additional information regarding your family's circumstances.

Circumstance (Only Check One)	Reasons	Required Documentation
___ Loss of Employment	<ul style="list-style-type: none"> • Termination/Layoff from Job • Significant Reduction in Weekly Work Hours • Retirement • Return to School 	<ul style="list-style-type: none"> • Termination notice or resignation acknowledgement from employer • Last pay stub with year-to-date earnings • Benefits statement from Unemployment Office, Social Security Administration, or Pension Agency • Severance pay notice
___ Loss of Taxable or Untaxed Income	Includes but is not limited to child support, alimony, disability, workers compensation	<ul style="list-style-type: none"> • Documentation of benefits termination with date of change from provider
___ Divorce or Separation	Parent (or student's spouse if independent) no longer resides in the household due to divorce or separation after the 2023-2024 FAFSA was filed	<ul style="list-style-type: none"> • Copy of divorce decree or legal separation agreement • Proof of separate residences (e.g., lease, utility bill, driver's license) if decree or agreement is not available • Separation Date (MM/CCYY): _____ • Child Support and/or Alimony received: amount, frequency (weekly/monthly), and date payments began
___ Death of Parent or Spouse	Parent or student's spouse (if independent) passed away after the 2023-2024 FAFSA was filed	<ul style="list-style-type: none"> • Copy of Death Certificate • Life Insurance Proceeds
___ Disability	Student, parent or student's spouse (if independent) suffered total and permanent disability after 2022	<ul style="list-style-type: none"> • Physician signed letter regarding disability length • Last Pay stub with your year-to-date earnings • Monthly disability statement from the SSA

Certification (Sign in ink)

I/we certify that the information reported on this form to the UMES Office of Student Financial aid is true, correct, and complete. The documentation to support the change in family circumstances indicated above is attached.

Student's Signature

Date

Parent's Signature*
(*required for Dependent students)

Date