



**OFFICE OF FINANCIAL AID**  
**2020-21 SPECIAL CONDITION WORKSHEET**  
**INCOME REDUCTION**

If your family situation has changed significantly since completing the 2020-21 Free Application for Federal Student Aid Form (FAFSA), you may request these changes be taken into consideration by providing additional information. Information from this form, the student file and supporting documentation will be used to determine if eligibility for financial aid can be recalculated using this new information. Submitting this form does not guarantee additional aid. Wofford College complies with the guidelines of the U.S. Department of Education.

### STEP 1: STUDENT INFORMATION

STUDENT FULL NAME (PLEASE PRINT) W WOFFORD ID NUMBER XXX-XX-\_\_\_\_ SOCIAL SECURITY NUMBER

### STEP 2: HOUSEHOLD INFORMATION (USE ADDITIONAL PAPER IF NECESSARY)

In the chart below, include the following:

- Yourself (the student).
- Your parent(s)/step-parent(s) (do **not** include non-custodial parent).
- Your parents other children if:
  - (a) The parents/step-parents will provide more than half of their support from July 1, 2020-June 30, 2021.
  - (b) The children would be required to provide parental information when applying for federal student aid.
- Other people if they now live with your parents/step-parents, and your parents/step-parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2020-June 30, 2021.
- Write in the name of the college for any household member who will be attending at least half time between July 1, 2020 and June 30, 2021, and will be enrolled in a degree, diploma or certificate program.

FULL NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE	NAME OF COLLEGE ATTENDING IN 2020-21
	self		Wofford College

### STEP 3: INCOME REDUCTION (FOR INDEPENDENT STUDENT/SPOUSE OR PARENTS OF DEPENDENT STUDENT)

1. Was/is your income and/or your spouse's or parents' income less in 2019, 2020 or 2021 than in 2018? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. **If YES, please circle the appropriate reason (below), attach an explanation and give the date of the change in your situation.**  
Date: \_\_\_\_\_
  - a. Unemployment. (Please note: It is Wofford's policy that the parent be without a job for at least three months before a review will be completed. This allows for severance, unemployment benefits or new employment to take place to know the exact affect the unemployment may have on a family.)
  - b. Divorce/separation.
  - c. Death of spouse or parent.
  - d. Disability of student, spouse or parent.
  - e. Income reduction due to status as an affected individual under the HEROES Act.
  - f. One-time income (examples: inheritance, moving allowance, prior-year Social Security payments, severance or IRA/pension distribution).
  - g. Loss or reduction of untaxed income such as child support, etc.
  - h. Volatile income. (Please note: For families who experience volatile income from year to year, based on commission, sales or other economic conditions, a 3-year average is calculated and the first two pages of your last 3 years of tax returns is required.
3. **If 2f is circled**, identify source of income and how funds were spent or invested in attached explanation.
4. **If 2a, 2b, 2c, 2d, 2e or 2g are circled**, please complete the following income information:  
If you or your parent are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent, give only your information or that of the surviving parent.

Anticipated income from _____ to _____	Parent	Student and spouse
Wages, salaries, tips (including severance pay, disability payments and any income from work)		
Other taxable income		
Untaxed Social Security benefits		
Temporary Assistance to Needy Families (TANF)		
Child support received		
Other untaxed income		
<b>Total anticipated income</b>		

### STEP 4: CERTIFICATION

By signing this request for special circumstances, I (we) certify that all information reported on this form is true and correct to the best of my (our) knowledge, and I (we) give permission to Wofford College to make changes to my FAFSA. *Electronic signatures are not acceptable.*

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 STUDENT SIGNATURE

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 DATE

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 PARENT SIGNATURE

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 DATE

**We cannot accept emailed or faxed documents because of privacy and security concerns.  
Please use one of the following methods to submit your documentation.**

#### SECURE UPLOAD

forms.wofford.edu

(Requires student log-in to myWofford.)

#### MAIL

Office of Financial Aid  
Wofford College  
429 N. Church Street  
Spartanburg, S.C. 29303

#### IN PERSON

Hugh S. Black Admin Bldg.  
2nd floor above Admission