



COVID-Related Special Condition Form  
For Dependent Students

Student Name: \_\_\_\_\_ CCAD ID/Last 4 of SSN: \_\_\_\_\_

When completing the FAFSA, you may not have been able to provide sufficient details about your family's current financial situation. If you have experienced a hardship as a result of the Covid-19 pandemic that is not reflected on the FAFSA, we may be able to reevaluate your financial need. **Please note that not all circumstances will result in additional financial aid.**

**Instructions:**

Please check the box next to each step as you complete it. You must complete all information about you and your parent(s). Each circumstance will require different documentation. Carefully review Step 5 for details on what you must submit. Your information will not be reviewed until all paperwork has been completed correctly and turned in to the Financial Aid Office.

- Step 1** Have you filed your FAFSA for 2020-21? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you filed your FAFSA for 2021-22? Yes \_\_\_\_\_ No \_\_\_\_\_  
Special conditions will not be reviewed until we have received a valid FAFSA

- Step 2** Submit a detailed explanation of your circumstances. This statement must be **signed and dated** by you and a parent.

- Step 3** Only if your circumstances relate to loss of income, provide all income you received between **January 1, 2020 through December 31, 2020**



	Student	Parent(s) on the FAFSA
Wages/income from work	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Other taxable Income	\$ _____	\$ _____
Type: _____		



	Student	Parent(s) on the FAFSA
Social Security benefits	\$ _____	\$ _____
Payments to tax deferred retirement accts.	\$ _____	\$ _____
Welfare benefits (do not include SNAP)	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other untaxed income	\$ _____	\$ _____
Type: _____		
<b>Total of all Income received in 2020</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Step 4**

Check all situations that apply and refer to the list of required documents that must be submitted. These must be included with this form and your detailed letter of explanation in order for us to complete our review.

\_\_\_\_\_ **Unemployment/loss of income**

- Documentation supporting actual income from January 1, 2020 through December 31, 2020
- Signed copy of filed 2019 tax return (1040 with schedules 1, 2, 3)
- If applicable, copy of unemployment benefits letter

\_\_\_\_\_ **Unusual medical or dental expenses**

- Itemized statements from medical providers showing the name of the patient, date(s) of treatment, charges and **patient payment** --or--
- Schedule A from either the 2018 &/or 2019 Federal income tax return if expenses were itemized
- Be sure to include the total amount of expenses incurred that were not covered by insurance in your letter of explanation

\_\_\_\_\_ **Tuition expenses paid for sibling at private elementary or high school**

- Letter or invoice from the school documenting the amount paid by the family in 2019-20
- Letter of invoice documenting the amount your family anticipates paying for the 2020-21 year **and for whom**

\_\_\_\_\_ **Child care expenses paid for student's sibling(s)**

- Letter or invoice from the child care provider documenting the amount paid by the family in 2020

\_\_\_\_\_ **Technology costs incurred due to shift to work/school from home**

- Itemized list outlining the expenses paid by your family

\_\_\_\_\_ **Other:** \_\_\_\_\_

- Sufficient documentation must be submitted to substantiate the information provided in the letter of explanation

**Step 5 - optional**

By checking this box, I am giving CCAD permission to apply any HEERF III grant money toward the balance on my student account. If I am eligible for this money, I understand it is free money that does not need to be repaid (and is not considered taxable income) and will reduce the amount I owe CCAD.

**Step 6** Read and sign below

*I attest that the information provided on this form and all supporting documentation is true to the best of my knowledge. I understand that incomplete requests will not be reviewed and that submitting this information does not guarantee an adjustment to my/my child's financial aid.*

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student e-mail address

\_\_\_\_\_  
Parent e-mail address

**Step 7**

Upload all documents to: CCAD Financial Aid Office • [links.ccad.edu/FinancialAidUploads](https://links.ccad.edu/FinancialAidUploads)

