



Special Condition Form for Independent Student
2025-26 Academic Year

Student's Name: \_\_\_\_\_
Student ID \_\_\_\_\_
(Please print)

Federal regulations permit the use of anticipated 2025 income for establishing eligibility for the Federal Pell Grant program for the 2025-26 year if an independent student qualifies under one or more of the prescribed special conditions listed below.

- 1) The student was employed full time in 2024 (at least 35 hours per week for a minimum of 30 weeks during 2023) and is no longer employed full time.
2) A spouse whose 2024 income from work must be reported on the FAFSA has lost his or her job and remained unemployed for at least 10 weeks during 2024.
3) The student or spouse whose 2023 income from work must be reported on the FAFSA has been unable to pursue normal income-producing activities for at least 10 weeks during 2025 because of the occurrence in 2023 or 2024 of:
Disability. A natural disaster.
4) The student or spouse whose 2024 income from work must be reported on the FAFSA received unemployment compensation or nontaxable income in 2024 and had a complete loss for at least 10 weeks of those benefits.
5) The student has become separated or divorced after he or she submitted his or her application.
6) A spouse whose 2024 income from work must be reported on the FAFSA has died after the student has submitted his or her application.
7) The student's last surviving parent with whom the student had a dependency relationship, by virtue of not meeting the independent student criteria in section 411F(12)(A) of the HEA, has died after the student has submitted his or her application.

Give a brief explanation of the situation:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Anticipated 2025 income

Estimates in this section must include all taxable and non-taxable income received from January 1, 2025 through the date of this affidavit, plus estimated amounts that you expect to receive from the date of this affidavit to December 31, 2025

(Attach earnings records or other available documentation.)

Student's projected 2025 gross earnings: \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Student's projected 2025 unemployment compensation: \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Student 2025 other non-taxable income: \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Spouse 2025 other taxable income: \$ \_\_\_\_\_

**Statement and certification**

**Please note:** Include a signed 2024 federal tax return with this form. Additional information may be requested after reviewing this form.

I hereby certify that the information stated on this form is true and complete to the best of my knowledge.

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*Signature – Student*

*Date*

**Please return to:**  
Student Financial Aid Office  
1700 South Main Street  
Goshen, Indiana 46526  
Phone: (574) 535-7525  
Toll free: (800) 348-7422  
Fax: (574) 535-7654  
E-mail: [finaid@goshen.edu](mailto:finaid@goshen.edu)