

SPECIAL CIRCUMSTANCE CONSIDERATION FOR 2009-2010

STUDENT NAME: _____

BANNER ID: _____

The Financial Aid Office realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to help you address your need for special circumstance consideration during this year, January 1, 2009 through December 31, 2009

INSTRUCTIONS

1. Section A: Read thoroughly and check the condition(s) that apply to your family.
2. Section B: Indicate who has experienced the circumstance and complete worksheet.
3. Section C: Sign your request for special circumstance consideration.
4. All requests must be documented. No request will be processed without the required documentation.

SECTION A: SPECIAL CIRCUMSTANCE FOR CONSIDERATION

Read through each circumstance carefully below and check the box that best describes the circumstances that apply to your family situation. Submit all required documentation with this form to the Financial Aid Office.

Special Circumstance	Required Documentation to Submit
<input type="checkbox"/> Change In Marital Status: Widowed, divorced, or separated since you completed your 2009-2010 FAFSA form. Date of change: _____	<ol style="list-style-type: none"> 1. Detailed letter of explanation, include the date of marital status change, copy of death certificate, and/or source of income change/loss 2. Submit copies of last 2009 pay stub(s) as of today for each job held in 2009 by remaining parent or self 3. Complete <i>Section B</i> of this form. Be sure to include any child support, alimony, or life insurance payments expected in 2009 4. Complete <i>Section C</i> of this form 5. Submit a signed copy of 2008 Federal 1040 Income Tax Return with all schedules and W-2 statements
<input type="checkbox"/> Reduction or Loss of Income: Income loss or reduction due to retirement, unemployment, job change, bankruptcy, illness, etc.	
<input type="checkbox"/> Reduction or Loss of Benefit: Benefit loss or reduction due to child support, social security, unemployment compensation, alimony, untaxed retirement or disability pension, TANF, etc.	

Special Circumstance	Required Documentation to Submit
1. Other	<ol style="list-style-type: none"> 1. Provide a detailed letter of explanation of the situation and provide all supporting documentation. 2. Copies of paid receipts or cancelled checks (NOT BILLS) showing expenses incurred. 3. Submit a signed copy of 2008 Federal 1040 Income Tax Return with all schedules and W-2 statements.

See Reverse Side

SECTION B: ANTICIPATED 2009 INCOME CALCULATION

Please list in the tables below any anticipated income for the calendar year 2009. You may need to estimate where actual income figures are not available or have not yet been earned. Leave no spaces blank, **enter zero if necessary**.

If a job change has occurred, report any wages earned prior to end of employment, unemployment compensation expected, and any additional wages from other work or other sources of income through December 31, 2009.

Note that if both parent and student have experienced a change, each must submit their own request form. Additionally, students should not submit a decrease in income until after summer employment has ended.

This special circumstance consideration request effects the income of: Parent Student

Expected Wages From Work In 2009:	Parent/Student	Spouse
Wages earned from: January 1, 2009 to TODAY	\$	\$
Wages expected from: TODAY to December 31, 2009	\$	\$

Other Taxable Income:	Parent/Student	Spouse
Alimony	\$	\$
Business or Farm Income	\$	\$
IRA Distributions	\$	\$
Pensions and Annuities	\$	\$
Unemployment Compensation	\$	\$
Taxable Social Security Benefits	\$	\$
Other (Rentals, royalties, etc.)	\$	\$

Non-Taxable Income:	Parent/Student	Spouse
Welfare benefits, including TANF (do not include food stamps)	\$	\$
Untaxed Social Security Benefits (such as SSI)	\$	\$
Tax deferred pension and savings payments	\$	\$
Child support received for all children	\$	\$
Untaxed portions of IRA distributions (exclude rollovers)	\$	\$
Untaxed portions of pensions (exclude rollovers)	\$	\$
Living allowances for clergy, military and others	\$	\$
Veterans non-education benefits	\$	\$
Other untaxed income (workers compensation, disability, etc.)	\$	\$
Money received or paid on your behalf (bills, gifts, etc.)	\$	\$

Be sure you leave no spaces blank, enter zero if necessary.

SECTION C: SIGNATURES

The information provided on this form is true and complete to the best of my knowledge. I agree to notify the Financial Aid Office at SUNY Plattsburgh of any error, omission, or of any further circumstances that may affect the accuracy of the above provided information. I understand that failure to comply with this agreement could result in the forfeiture of financial aid eligibility for the student.

Student Signature

Date

Parent Signature (required if student is dependent)

Date

**If your request is approved, you may be required to submit further information.
 Don't forget to attach all required documentation.**