**Special Circumstance Consideration 2005-2006**

The Financial Aid Office at Plattsburgh State University realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for consideration of these unusual circumstances or expenses.

**Section A – Special Circumstance.** Please check condition(s) that apply and submit all documentation required for each condition.

Situation effects _____ parent and/or _____ student income (check as appropriate)

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<th>CONDITIONS</th>
<th>DOCUMENTATION REQUIRED</th>
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| 1. Widowed, divorced or separated since completing your 2005-2006 FAFSA | * Letter of explanation; include the date of the marital status change or copy of death certificate.  
* Copies of last 2005 pay stub(s) as of today for each job held in 2005 by remaining parent/self.  
* COMPLETE SECTION B. Include any child support or alimony payments expected in 2005 or life insurance payments expected in 2004.  
* COMPLETE SECTION C.  
* 2004 signed federal tax return with all schedules and W-2’s. |
| 2. Reduction in or loss of income or benefit in 2005: (Income loss/reduction due to retirement, unemployment, job change, bankruptcy, illness, etc; benefit loss/reduction such as unemployment compensation, alimony, child support, SSI, untaxed retirement or disability pension, TANF, etc.) | * Detailed letter of explanation. Include date of change/loss of income and source of loss/reduction.  
* Copies of last 2005 pay stub(s) as of today for each job held in 2005.  
* COMPLETE SECTION B.  
* COMPLETE SECTION C.  
* 2004 signed federal tax return with all schedules and W-2’s. |
| 3. Extraordinary household expenses in the year 2004 (uninsured medical expenses, private school tuition costs, catastrophic event, additional travel/household expenses, etc.) | * Copies of paid receipts or copies of cancelled checks (NOT BILLS) showing expenses incurred.  
* 2004 signed federal tax return, all schedules and W-2’s. |
| 4. Other | * Detailed letter explaining situation; provide supporting documentation. |

SEE OTHER SIDE FOR SECTIONS B AND C

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**Section B – Anticipated 2005 Income Calculation.** For the person whose income has been affected by the special circumstance listed in Section A, items 1 or 2, please list below any anticipated income for the calendar year 2005. For example, if a job loss has occurred, please report any wages earned prior to the end of employment, and unemployment compensation expected, and any additional wages from other work or other sources of income through the end of the year. You may need to estimate where actual income figures are not available or have not been earned yet.

1. Expected wages earned from work in 2005
   
   (January – present use actual wages, present – December use expected wages)

   $_____________

2. Other taxable income:
   - Taxable interest or dividend income
   - Alimony
   - Business or farm income
   - Capital gains/other gains
   - IRA distributions
   - Pensions and annuities
   - Unemployment compensation
   - Taxable social security benefits
   - Other (rentals, royalties, etc.)

   **Total Taxable Income**

   $_____________

3. Non-taxable income:
   - Earned income credit
   - Additional child tax credit
   - Welfare benefits, including TANF (do not include food stamps)
   - Untaxed social security benefits (such as SSI)
   - Tax deferred pension and savings payments
   - Deductible IRA, SEP, SIMPLE, Keogh and other qualified payments
   - Child support received for all children
   - Tax exempt interest income
   - Foreign income exclusion
   - Untaxed portions of IRA distributions (exclude rollovers)
   - Untaxed portions of pensions (exclude rollovers)
   - Credit for federal tax on special fuels
   - Living allowances for clergy, military and others
   - Veterans noneducation benefits
   - Any other untaxed income (e.g., workers compensation, disability)
   - Money received or paid on your behalf (e.g., bills, gifts)

   **Total Non-taxable Income**

   $_____________

**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 Plattsburgh State University of any error or omission in the above information, 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 forfeiture of financial aid eligibility of the student.

Student Signature           Date  Parent Signature     Date
(required if student is a dependent)