

2018-2019 Request for Consideration of Special Circumstances

Student Name _____ ID#: _____ Date: _____

The Financial Aid Office at SUNY Cobleskill realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for additional funding as a result of these unusual circumstances or expenses.

Section A – Please check all conditions that apply and submit ALL necessary documentation for each condition. **Requests for Consideration of Special Circumstances will not be processed without sufficient documentation.**

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

Conditions	Documentation Required
1. Widowed, divorced, or separated since completing your 2018-2019 FAFSA	<ul style="list-style-type: none"> • Letter of Explanation. Include date of marital status change. • Copy of divorce, decree/separation papers (<i>if available</i>) or copy of death certificate. • 2016 and 2017 W-2(s) • Copy of your 2017 Tax Return • Complete Section B. Include any support payments received from divorced or separated spouse or life insurance payments from deceased spouse. • 2016 Tax Return Transcript (www.irs.gov to order a copy) • Complete Section C.
2. Reduction in or loss of income or benefit (<i>For example: Loss of income due to unemployment, retirement, illness, or job change or loss of benefits such as:</i>) <ul style="list-style-type: none"> ○ Unemployment Compensation ○ Child Support ○ Supplemental Security Income (SSI) ○ Untaxed Retirement or Disability ○ Welfare ○ Temporary Assistance for Needy Families (TANF) 	<ul style="list-style-type: none"> • Letter of Explanation. Include the approximate dates when the change of income occurred. • Complete Section B. • 2016 and 2017 W-2(s) • Most recent 2018 paystub. • Copy of your 2017 Tax Return • 2016 Tax Return Transcript (www.irs.gov to order a copy) • Complete Section C.
3. Extraordinary medical expenses NOT covered by insurance 2017.	<ul style="list-style-type: none"> • Copies of paid receipts, copies of cancelled checks (NOT BILLS). Do not include what was paid by insurance, or a third party.
4. Other	<ul style="list-style-type: none"> • Submit a detailed letter explaining the situation and provide any necessary documentation.

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Section B – Expected 2018-2019 Income Worksheet **IF** you checked items 1 or 2

Instruction: Please complete this page using expected income for **2018** of the person/people having the special situation. We cannot assume a blank line to mean “0” or “none.” Insert the appropriate response on each line. **You must submit documentation of ALL estimated income.** If filing this form for separation or death of a parent, use only your custodial parent’s income.

Provide 2017 Income for the person(s) whom the special circumstances effects:

Student (and Spouse)

Parents

1. Total expected wages earned from work in 2018:

STUDENT \$ _____
SPOUSE \$ _____

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FATHER (STEP-FATHER) \$ _____
MOTHER (STEP-MOTHER) \$ _____

2. Other taxable income:

Taxable interest or dividend income \$ _____
Alimony \$ _____
Business or Farm income \$ _____
Capital gains/other gains \$ _____
IRA distributions \$ _____
Pensions & annuities \$ _____
Unemployment Compensation \$ _____
Taxable Social Security Benefits \$ _____
Other (rental, royalties, etc.) \$ _____

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TOTAL TAXABLE INCOME \$ _____

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3. Non-taxable income:

Tax-deferred pension payments \$ _____
Deductible IRA/Keogh payments \$ _____
Child support received \$ _____
Welfare benefits/TANF \$ _____
Untaxed portions of pensions \$ _____
Untaxed social security benefits \$ _____
Workers Compensation \$ _____
Veterans non-education benefits \$ _____
Tax exempt interest exclusions \$ _____
Foreign income exclusions \$ _____
Living allowances for clergy or members of the Military \$ _____
Any other untaxed income \$ _____

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TOTAL NON-TAXABLE INCOME \$ _____

TOTAL NON-TAXABLE INCOME \$ _____

TOTAL EXPECTED INCOME \$ _____
(Taxable Income + Non-taxable Income)

TOTAL EXPECTED INCOME \$ _____
(Taxable Income + Non-taxable Income)

Section C – Certification by person(s) requesting special circumstance consideration. The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the Financial Aid Office at SUNY Cobleskill of any error or omission in the above information, or of any further circumstances, which affect the accuracy of the 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