

Student Name: _____ ID: _____

2020 – 2021 SPECIAL CONSIDERATION REQUEST (Students Only)

INSTRUCTIONS: 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 changes to your family income and expenses. This review will only impact federal aid and will not New York State awards.

Read and complete all appropriate sections of this form to request special circumstance consideration. You must submit all required documentation as listed on this form. **Requests will not be processed without all required documentation.**

Section A: Reason for Special Circumstance

Submit a signed written statement describing your situation. The statement should be as specific as possible, the more details you provide us with the better we will be able to understand your current financial situation. Be sure to include the reason your income situation changed since 2018 and specific dates these changes occurred.

Check the box in the chart below for the special circumstance that applies to your family situation. Gather together all of the required documentation listed for your situation type for submission with this completed worksheet for processing.

SPECIAL CIRCUMSTANCE REASON	REQUIRED DOCUMENTATION
<input type="checkbox"/> Reduction or Loss of Employment Your (and/or your spouse's) income earned in 2020 will be less than earned in 2018.	1. Final 2020 Paystub(s) with Year to Date Earnings. 2. 2020 Unemployment Benefit Summary 3. 2018 W-2 Wage Statement(s) for Student and/or Spouse 4. 2018 Federal Tax Transcript for Student and/or Spouse 5. 2019 Federal Tax Transcript for Student and/or Spouse 6. 2019 W-2 Wage Statement(s) for Student and/or Spouse
<input type="checkbox"/> Reduction or Loss of Untaxed Income Your (and/or your spouse's) 2018 benefits have been reduced or ceased in 2020. These may include Child Support, Social Security, Worker's Compensation, etc.	1. Documentation of 2020 updated figures. 2. Documentation of total 2018 benefits & the date of termination. 3. 2018 W-2 Wage Statement(s) for Student and/or Spouse 4. 2018 Federal Tax Transcript for Student and/or Spouse 5. 2019 Federal Tax Transcript for Student and/or Spouse 6. 2019 W-2 Wage Statement(s) for Student and/or Spouse
<input type="checkbox"/> Change in Marital Status Marriage, Separation, Divorce, or Widowed Enter Date of Change: _____	1. Divorce decree or separation agreement (if available) and proof of separate residence for both parties (i.e. electric bill, lease, etc.) or Marriage Certificate 2. 2018 W-2 Wage Statement(s) for Student and/or Spouse 3. 2018 Federal Tax Transcript for Student and/or Spouse 4. 2019 Federal Tax Transcript for Student and/or Spouse 5. 2019 W-2 Wage Statement(s) for Student and/or Spouse
<input type="checkbox"/> Medical/Dental Expenses Out-of-pocket expenses paid in 2018 due to uninsured medical expenses that exceeded 11% of your AGI.	1. Copies of paid receipts or cancelled checks (NOT BILLS) showing amounts you paid. 2. What is the amount of total medical and dental expenses student paid in the 2018 calendar year? Student Total Paid: \$ _____ Spouse Total Paid: \$ _____ 3. 2018 Federal Tax Transcript for Student and/or Spouse 4. 2019 Federal Tax Transcript for Student and/or Spouse 5. 2019 W-2 Wage Statement(s) for Student and/or Spouse
<input type="checkbox"/> One Time Payment Received A one-time payment (lump sum) received in 2018 that is not re-occurring.	1. Documents detailing source, amount, and reason for one-time payment received in 2018. 2. What is the amount of the one-time payment received in the 2018 calendar year? Student Total Paid: \$ _____ Spouse Total Paid: \$ _____ 3. 2018 Federal Tax Transcript for Student and/or Spouse 4. 2019 Federal Tax Transcript for Student and/or Spouse

Section B: Estimate of 2020 Student Income

Anticipated 2020 Student and/or Spouse Income Information (January 1, 2020 to December 31, 2020):

Complete each item in the chart below for the calendar year 2020. You will need to estimate where actual income figures are not available or have not yet been earned. **Do not leave any blank spaces; enter zero or N/A if necessary.**

ESTIMATED 2020 STUDENT INCOME	STUDENT	SPOUSE
Taxable Income:		
Wages, salaries, tips (actual) January 1, 2020 to Today:	\$	\$
Wages, salaries, tips (estimate) Today to December 31, 2020:	\$	\$
Unemployment Benefits:	\$	\$
Severance Pay:	\$	\$
Business/Farm Income (Loss):	\$	\$
IRA Distributions:	\$	\$
Total Pension(s) or Annuities:	\$	\$
Other taxable income (Alimony, Capital Gains, etc.): List Source: _____	\$	\$
Non-Taxed Income:		
Veterans Non-Education Benefits:	\$	\$
Disability / Worker's Compensation:	\$	\$
Child Support Received in 2020:	\$	\$
Child Support Paid Out in 2020:	\$	\$
Untaxed Portions of Pensions / Annuities (Exclude Rollovers):	\$	\$
Untaxed Portions of IRA Distributions (Exclude Rollovers):	\$	\$
Living Allowances for Military, Clergy, and Others:	\$	\$
Other Non-Taxable Income: List Source: _____	\$	\$

Section C: Parental Income Verification (DEPENDENT STUDENTS ONLY)

If you are considered an **INDEPENDENT STUDENT** for federal aid purposes, skip to Section D. Independent students were not required to report any parental information on the 2020-2021 FAFSA application.

Dependent students must use this chart to determine what documentation is required to be submitted for your parent.

INCOME INFORMATION – PARENT(S)		
Did your parent(s) work in 2018?	Did your parent(s) file a tax return in 2018?	Required documentation:
No	<input type="checkbox"/> No, my parent did not work.	Submit a confirmation of non-filing from the IRS using Form 4506-T.
Yes	<input type="checkbox"/> No, my parent worked but did not file a tax return.	Submit copies of all your parents' 2018 federal W-2 income statement(s) and a confirmation of non-filing from the IRS using Form 4506-T.
	<input type="checkbox"/> Yes, my parent filed taxes.	Submit confirmation using the IRS Data Retrieval Tool on FAFSA.gov, OR Submit confirmation by requesting an IRS "Tax Return Transcript" by phone, online, or mail.

Section D: Confirmation of Family Size

Reminder: You are a dependent student if you were required to provide parental information on the 2020-2021 FAFSA.

In the chart below write in the name, age, and relationship of all the people in the household, be sure to include:

- Yourself;
- If DEPENDENT,
 - Your legal parent(s) that would provide more than half of your support, even if you choose not to live with your parent(s). A legal parent is a biological, adoptive, and/or step-parent;
 - Your parents' other children, even if they do not live with your parent(s), if
 - (a) your parents will provide more than half of their support from July 1, 2020 through June 30, 2021, or
 - (b) the children would be required to provide parental information when applying for federal aid;
 - Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2020 through June 30, 2021.
- If INDEPENDENT,
 - Your spouse if you are married;
 - Your children, even if they do not live with you, if
 - (a) you will provide more than half of their support from July 1, 2020 through June 30, 2021, or
 - (b) the children would be required to provide parental information when applying for federal aid; and
 - Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2020 through June 30, 2021.

Be sure to indicate if each household member listed below will be attending a college at least half time between July 1, 2020 and June 30, 2021 enrolled in a degree, diploma, or certificate program.

FULL NAME	AGE	RELATIONSHIP	NAME OF COLLEGE OR CHECK NONE
<i>(example) Heather Smith</i>	<i>18</i>	<i>Self</i>	<input type="checkbox"/> None <input checked="" type="checkbox"/> College Name: <i>SUNY Canton</i>
			<input type="checkbox"/> None <input type="checkbox"/> College Name:
			<input type="checkbox"/> None <input type="checkbox"/> College Name:
			<input type="checkbox"/> None <input type="checkbox"/> College Name:
			<input type="checkbox"/> None <input type="checkbox"/> College Name:
			<input type="checkbox"/> None <input type="checkbox"/> College Name:
			<input type="checkbox"/> None <input type="checkbox"/> College Name:

Section E: Certification Statement

I certify that the information provided on this form is true and complete to the best of my knowledge. I agree to notify the One Hop Shop at SUNY Canton of any error, omission, or any further circumstances that may affect the accuracy of the information provided with this request. I understand that failure to comply with this agreement could result in forfeiture of financial aid eligibility for the student.

Student Signature

Date

Parent Signature

(required for dependent students only)

Date

Return this form with all required documentation to:

SUNY Canton, One Hop Shop, 34 Cornell Drive, Canton, NY 13617

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