

Student Name: _____ ID: _____

2020 – 2021 SPECIAL CONSIDERATION REQUEST (Parents 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 including 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 parent(s) income earned in 2020 will be less than earned in 2018.	1. Final 2020 Paystub(s) with Year to Date Earnings for Parent. 2. Unemployment Benefit Summary for Parent. 3. 2018 Parent W-2 Income Statement(s). 4. 2018 Parent IRS Tax Transcript. 5. 2019 Parent IRS Tax Transcript. 6. 2019 Parent W-2 Income Statement(s).
<input type="checkbox"/> Reduction or Loss of Untaxed Income Your parent(s) 2018 benefits were 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 Parent W-2 Income Statement(s). 4. 2018 Parent IRS Tax Transcript. 5. 2019 Parent IRS Tax Transcript. 6. 2019 Parent W-2 Income Statement(s).
<input type="checkbox"/> Change in Marital Status Marriage, Separation, Divorce, or widowed Enter Date of Change: _____	1. Divorce decree, separation agreement (if available), or marriage license. 2. Proof of separate residence for both parties (i.e. electric bill, lease, etc.) 3. 2018 Parent W-2 Income Statement(s). 4. 2018 Parent IRS Tax Transcript. 5. 2019 Parent IRS Tax Transcript. 6. 2019 Parent W-2 Income Statement(s).
<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 the amounts you paid in 2018. 2. What is the amount of total medical and dental expenses parent paid in the 2018 calendar year? Parent Name: _____ Total Paid: \$ _____ Parent Name: _____ Total Paid: \$ _____ 3. 2018 Parent IRS Tax Transcript.
<input type="checkbox"/> One Time Payment Received Parent received a one-time payment (lump sum) in 2018 that is not re-occurring.	1. Documents detailing source, amount, and reason for the one-time payment in 2018. 2. What is the amount of the one-time payment received in the 2018 calendar year? Parent Name: _____ Amount: \$ _____ Parent Name: _____ Amount: \$ _____ 3. 2018 Parent IRS Tax Transcript.

Section B: Estimate of 2020 Parent Income

Anticipated 2020 Parental 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 PARENT INCOME	PARENT 1 Name: _____	PARENT 2 Name: _____
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: Student Income Verification

Use this chart to determine what documentation is required to be submitted for your student.

INCOME INFORMATION – STUDENT		
Did the student work in 2018?	Did the student file a tax return in 2018?	Required documentation:
No	<input type="checkbox"/> No, student did not work.	None.
Yes	<input type="checkbox"/> No, student worked but did not file a tax return.	Submit copies of all student 2018 federal W-2 income statement(s).
	<input type="checkbox"/> Yes, student filed a tax return.	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

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

- Yourself;
- 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.

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:
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			<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

Date

Return this form with all required documentation to:

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