



Financial Aid Office
 Submit form:
[Document Submission Portal](#) or by mail
 PO Box 2000, Cortland, NY 13045-0900

2019 - 2020 Special Circumstances Form

Student Name: _____ Cortland ID # _____

Parent 1 Name: _____ Parent 2 Name: _____
 (if applicable)

If there has been a change in your family’s circumstances or information regarding unusual situations that you and your family may be facing, you may request a review of your financial aid award. To request a review please complete this application and return it with a **written explanation and all required documentation**. Your special circumstance(s) will not be considered until all documentation is received. Please allow 4 weeks for processing.

Dependent student: Please include documentation for both you and your parent(s).

Independent Student: Must include documentation for you and your spouse, if applicable.

| Special Circumstance | Definition | Required Documentation |
|--|--|---|
| <input type="checkbox"/> Change in 2018 income | 2018 income was significantly less than 2017 income reported on the FAFSA. | <ul style="list-style-type: none"> Signed copy of 2017 AND 2018 Federal Tax return, all W2s and tax schedules. 2018 Untaxed Income section of this form. |
| <input type="checkbox"/> Change in 2019 income | Projected 2019 income will be significantly less than 2017 due to termination or change in employment. | <ul style="list-style-type: none"> Signed copy of 2017 AND 2018 Federal Tax return, all W2s and tax schedules. Termination notice from employer Copy of last paystub with YTD earnings and unemployment benefits statement 2018 Untaxed Income section of this form. 2019 Projected Income section of this form. |
| <input type="checkbox"/> Separation or Divorce | Divorce or separation of parents or spouse occurred since FAFSA filing. | <ul style="list-style-type: none"> Signed copy of 2017 AND 2018 Federal tax return, all W2s and tax schedules. Divorce/separation agreement or proof of separate residences. 2018 Untaxed Income section of this form |
| <input type="checkbox"/> Unexpected Life Event | Death of parent or spouse since FAFSA filing. | <ul style="list-style-type: none"> Copy of death certificate Signed copy of 2017 AND 2018 Federal tax return, all W2s and tax schedules. Amount of death benefit received (if applicable) |
| <input type="checkbox"/> Medical/Dental Expenses | Paid out-of-pocket medical or dental expenses exceeding 11% of Adjusted Gross Income (AGI) | <ul style="list-style-type: none"> Signed copy of 2017 Federal Tax Return, all W2s and schedules. 2017 Schedule A |
| <input type="checkbox"/> One-time Income | One-time lump sum payment received in 2017. | <ul style="list-style-type: none"> 2017 1099R documenting source of income Signed copy of 2017 Federal Tax return, W2s and all schedules. |

Last Name

First Name

MI

C00

Cortland ID #

| 2018 Untaxed Income | | | | |
|---|---------|----------|----------|------------------|
| Indicate "0" if none – do not leave blank | Student | Parent 1 | Parent 2 | Student's spouse |
| Child support received for all children. Do not include foster care or adoption payments. | \$ | \$ | \$ | \$ |
| Housing and food allowances paid to members of the military, clergy or others – include cash payments and cash value of benefits. | \$ | \$ | \$ | \$ |
| Worker's Compensation and/or Disability. Do not include social security disability benefits. | \$ | \$ | \$ | \$ |
| Veteran non-education benefits (including disability, death pension, dependency and indemnity compensation (DIC), and or VA Federal Work Study allowance) | \$ | \$ | \$ | \$ |
| Money received or paid on your behalf (e.g. bill paid) not reported elsewhere. | \$ | \$ | \$ | \$ |
| Other untaxed income not reported above (e.g. 529 Plan distribution other than custodial parent) | \$ | \$ | \$ | \$ |

| 2019 Projected Income | | | | |
|-------------------------------------|---------|----------|----------|------------------|
| Source of Income | Student | Parent 1 | Parent 2 | Student's Spouse |
| Net Wages, tips | \$ | \$ | \$ | \$ |
| Net Rental/Business Income | \$ | \$ | \$ | \$ |
| Unemployment Benefits | \$ | \$ | \$ | \$ |
| Disability/ SSI Benefits | \$ | \$ | \$ | \$ |
| Pension and/or annuity distribution | \$ | \$ | \$ | \$ |
| Child Support received | \$ | \$ | \$ | \$ |
| Alimony received | \$ | \$ | \$ | \$ |
| Other (specify): _____ | \$ | \$ | \$ | \$ |
| Income Total: | \$ | \$ | \$ | \$ |

Statement of Certification:

I certify that the information included is true and accurate to the best of my knowledge and is not falsely represented. I understand that the submission of this information does not release the student from any current or future obligations with Student Accounts. I also understand that this request does not guarantee approval and/or may not result in a change to financial aid eligibility.

Student signature

Date

Student Spouse Signature (if applicable)

Date

Parent signature (if student is dependent)

Date