



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

### 2020- 2021 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 2019 income	2019 income was significantly less than 2018 income reported on the FAFSA.	<ul style="list-style-type: none"> <li>Signed copy of 2018 AND 2019 Federal Tax return, all W2s and tax schedules.</li> <li>2019 Untaxed Income section of this form.</li> </ul>
<input type="checkbox"/> Change in 2020 income	Projected 2020 income will be significantly less than 2018 due to termination or change in employment.	<ul style="list-style-type: none"> <li>Signed copy of 2018 AND 2019 Federal Tax return, all W2s and tax schedules.</li> <li>Termination notice from employer</li> <li>Copy of last paystub with YTD earnings and unemployment benefits statement</li> <li>2019 Untaxed Income section of this form.</li> <li>2020 Projected Income section of this form.</li> </ul>
<input type="checkbox"/> Separation or Divorce	Divorce or separation of parents or spouse occurred since FAFSA filing.	<ul style="list-style-type: none"> <li>Signed copy of 2018 AND 2019 Federal tax return, all W2s and tax schedules.</li> <li>Divorce/separation agreement or proof of separate residences.</li> <li>2019 Untaxed Income section of this form</li> </ul>
<input type="checkbox"/> Unexpected Life Event	Death of parent or spouse since FAFSA filing.	<ul style="list-style-type: none"> <li>Copy of death certificate</li> <li>Signed copy of 2018 AND 2019 Federal tax return, all W2s and tax schedules.</li> <li>Amount of death benefit received (if applicable)</li> </ul>
<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"> <li>Signed copy of 2018 Federal Tax Return, all W2s and schedules.</li> <li>2018 Schedule A</li> </ul>
<input type="checkbox"/> One-time Income	One-time lump sum payment received in 2018.	<ul style="list-style-type: none"> <li>2018 1099R documenting source of income</li> <li>Signed copy of 2018 Federal Tax return, W2s and all schedules.</li> </ul>

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

C00

\_\_\_\_\_  
Cortland ID #

2019 Untaxed Income				
Indicate "0" if none – do not leave blank	Student	Parent 1	Parent 2	Student's spouse
Child support <b>received</b> 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)	\$	\$	\$	\$

2020 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 <b>received</b>	\$	\$	\$	\$
Alimony <b>received</b>	\$	\$	\$	\$
Other (specify): _____	\$	\$	\$	\$
<b>Income Total:</b>	\$	\$	\$	\$

**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