



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

2025-2026 Special Circumstance Form

Student Name: _____ Cortland ID#: C00_____

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 will not be considered until all documentation is received. Please allow 4 weeks for processing.

Dependent Student: Must 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 2024 Income	2024 income was significantly less than 2023 income reported on the FAFSA	<ul style="list-style-type: none"> Signed copy of 2023 AND 2024 Federal Tax Return, all W-2s and tax schedules 2024 Untaxed Income section of this form
<input type="checkbox"/> Change in 2025 Income	Projected 2025 income will be significantly less than 2023 due to termination or change in employment	<ul style="list-style-type: none"> Signed copy of 2023 AND 2024 Federal Tax return, all W-2s and tax schedules Termination notice from employer Copy of last paystub with YTD earnings and unemployment benefits statement 2024 Untaxed Income section from this form 2025 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 2023 AND 2024 Federal Tax return, all W-2s and tax schedules Divorce/separation agreement or proof of separate residences 2024 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 2023 AND 2024 Federal Tax return, all W-2s and tax schedules Amount of death benefit received (if applicable)
<input type="checkbox"/> Medical/Dental Expense	Paid out-of-pocket medical or dental expenses exceeding 11% of Adjusted Gross Income	<ul style="list-style-type: none"> Signed copy of 2023 Federal Tax return, all W-2s and schedules 2023 Schedule A
<input type="checkbox"/> One-time Income	One-time lump sum payment received in 2023	<ul style="list-style-type: none"> Signed 2023 1099R documenting source of income Signed copy of 2023 Federal Tax return, W-2s and all schedules

