



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

## 2022-2023 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 2021 Income	2021 income was significantly less than 2020 income reported on the FAFSA	<ul style="list-style-type: none"> <li>• Signed copy of 2020 AND 2021 Federal Tax Return, all W-2s and tax schedules</li> <li>• 2021 Untaxed Income section of this form</li> </ul>
<input type="checkbox"/> Change in 2022 Income	Projected 2022 income will be significantly less than 2020 due to termination or change in employment	<ul style="list-style-type: none"> <li>• Signed copy of 2020 AND 2021 Federal Tax return, all W-2s and tax schedules</li> <li>• Termination notice from employer</li> <li>• Copy of last paystub with YTD earnings and unemployment benefits statement</li> <li>• 2021 Untaxed Income section from this form</li> <li>• 2022 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 2020 AND 2021 Federal Tax return, all W-2s and tax schedules</li> <li>• Divorce/separation agreement or proof of separate residences</li> <li>• 2021 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 2020 AND 2021 Federal Tax return, all W-2s and tax schedules</li> <li>• Amount of death benefit received (if applicable)</li> </ul>
<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"> <li>• Signed copy of 2020 Federal Tax return, all W-2s and schedules</li> <li>• 2020 Schedule A</li> </ul>
<input type="checkbox"/> One-time Income	One-time lump sum payment received in 2020	<ul style="list-style-type: none"> <li>• Signed 2020 1099R documenting source of income</li> <li>• Signed copy of 2020 Federal Tax return, W-2s and all schedules</li> </ul>

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

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

MI \_\_\_\_\_

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

2021 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 case 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)	\$	\$	\$	\$

2022 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