



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

2026-2027 Special Circumstance Form

Student Name: _____ Cortland ID#: C00 _____

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

Please complete this application and return it with a **written explanation and all required documentation.**

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 2025 Income	2025 income was significantly less than 2024 income reported on the FAFSA	<ul style="list-style-type: none"> • Signed copy of 2024 AND 2025 Federal Tax Return, all W-2s and tax schedules • 2025 Untaxed Income section of this form
<input type="checkbox"/> Change in 2026 Income	Projected 2026 income will be significantly less than 2024 due to termination or change in employment	<ul style="list-style-type: none"> • Signed copy of 2024 AND 2025 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 • 2026 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 2024 AND 2025 Federal Tax return, all W-2s and tax schedules • Divorce/separation agreement or proof of separate residences • 2026 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 2024 AND 2025 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 2024 Federal Tax return, all W-2s and schedules • 2024 Schedule A
<input type="checkbox"/> One-time Income	One-time lump sum payment received in 2024	<ul style="list-style-type: none"> • Signed 2024 1099R documenting source of income • Signed copy of 2024 Federal Tax return, W-2s and all schedules

Last Name _____ First Name _____ MI _____ C00 _____
 Cortland ID _____

2025 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 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)	\$	\$	\$	\$

2026 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