

2024-2025

Request for Consideration of Special Circumstance

Documents need to be uploaded to our secure file drop location at <https://filedrop.potsdam.edu/finaid>

Student Name: _____ ID : _____ DATE: _____

The Financial Aid Office at SUNY Potsdam realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. NOTE: Submit a *Request for Consideration* ONLY after you **FIRST** speak with a Financial Aid Counselor about whether to pursue a review, and **AFTER** filing the 2024-2025 FAFSA. Your Request for Consideration may require full verification of information reported on the student's FAFSA, such as reported 2022 income.

SECTION A Select all conditions for which you are requesting a review. Submit all necessary documentation for each condition. Requests will not be processed without sufficient documentation.

(check as appropriate) Situation affects: _____ Parent(s) Income _____ Student/Spouse Income

1. _____ Widowed, divorced, or separated **after** completion of your 2024-2025 FAFSA.
 If parent or student was separated, divorced or widowed **BEFORE** the FAFSA was completed for 2024-2025, DO NOT COMPLETE THIS FORM. Rather, correct the FAFSA to reflect only the "custodial parent's" (or student's) 2022 income. Contact our office if you have questions.

Submit:

- LETTER OF EXPLANATION. Include date of marital status change (month/year).
- _____
- _____
- _____
- _____
- COMPLETE SECTION C (signatures)

2. _____ Reduction in or Loss of Income or Benefit

a. Loss or Change of Job Effective Date: _____

Which person experienced a loss of/change in income _____ Father/Stepfather _____ Mother/Stepmother _____ Student/Spouse

Reason for reduction/loss: _____ Job change _____ Reduced Commissions or Overtime _____ New Business Start-up

_____ Retirement _____ Termination by Employer (Provide letter) _____ Other (please specify) _____

b. Loss of Other Income (i.e. child support, unemployment, taxable social security benefits, etc.) Date of change: _____

Person receiving the income _____ Parent(s) _____ Student

Description of income(s) that were affected _____

Submit:

- LETTER OF EXPLANATION.
- COMPLETE SECTION B and C.

3. _____ Unreimbursed Medical and Dental Expenses paid that were NOT COVERED by insurance. You may include medical dental insurance premiums that your family paid. Note: Please speak with a financial aid counselor before submitting any documents, as this review may not result in any changes to the student's financial aid. Select tax year and provide documentation for that year only. _____ 2022 _____ 2023

Submit:

- _____ Do not include expenses paid by insurance or a third party.
- _____ ! _____ ! _____ !
- COMPLETE SECTION C. (signatures)

4. _____ Dependent Sibling enrolled in a Private School (High/Middle or Elementary School)

Submit:

- _____ ! _____ (January 2022 through December 2022)
- COMPLETE SECTION C. (signatures)

5. _____ Other

Submit:

- _____
- COMPLETE SECTION C. (signatures)

SECTION B – Reduction in Income or Benefits - Worksheet

- **ALL applicants must submit a signed copy of 2022 federal income taxes, W-2 forms and all Schedules, if Schedules were filed.**
- **In addition, select one option:**
 - Option 1: IF income or benefits are less in 2023 than in 2022, then also submit a signed copy of 2023 federal income taxes, W-2 forms and all Schedules, if Schedules were filed. Also, complete item a) below.**
 - Option 2: IF income or benefits are projected to be less (for instance in 2024), then complete items a) and b) below, and provide the most recent pay stubs showing new or changed salary, or other relevant documentation.**
- **Enter a dollar amount or ZERO on every line; do NOT leave any lines blank.**

a) For either Options 1 or 2, you must report your Non-Taxable Income:

For Option 1, report income received for 1/1/23-12/31/23; for Option 2, report income received for the specified 12-month period)

Parent Non-taxable income:

Tax-deferred pension payments \$ _____
 Deductible IRA/Keogh payments \$ _____
 Untaxed portions of pensions \$ _____
 Workers compensation Veterans non-education benefits Tax \$ _____
 exempt interest income Foreign income exclusions Living allowances for clergy or Members of the military \$ _____
 Any other untaxed income \$ _____
 Untaxed IRA distributions \$ _____

TOTAL NON-TAXABLE INCOME \$ _____

Student Non-taxable income:

Tax-deferred pension payments \$ _____
 Deductible IRA/Keogh payments \$ _____
 Untaxed portions of pensions \$ _____
 Workers compensation Veterans non-education benefits Tax \$ _____
 exempt interest income Foreign income exclusions Living allowances for clergy or Members of the military \$ _____
 Any other untaxed income \$ _____
 Untaxed IRA distributions \$ _____

TOTAL NON-TAXABLE INCOME \$ _____

b) For Option 2 ONLY, project your Taxable Income for a specific 12-month period, such as 1/1/24-12/31/24 – please specify which 12-month period: _____

Parent expected Gross wages, salary and tips you will earn from work during the 12 months:

PARENT 1 \$ _____
 PARENT 2 \$ _____
 Taxable interest or dividend income \$ _____
 Alimony \$ _____
 Business or Farm income \$ _____
 Capital gains/other gains \$ _____
 IRA distributions \$ _____
 Pensions & annuities \$ _____
 Unemployment Compensation \$ _____
 Taxable social security benefits \$ _____
 Other (rental, royalties, etc.) \$ _____

TOTAL TAXABLE INCOME \$ _____

Student expected Gross wages, salary and tips you will earn from work during the 12 months:

STUDENT \$ _____
 STUDENT'S SPOUSE \$ _____
 Taxable interest or dividend income Alimony \$ _____
 Business or Farm income \$ _____
 Capital gains/other gains \$ _____
 IRA distributions \$ _____
 Pensions & annuities \$ _____
 Unemployment Compensation \$ _____
 Taxable social security benefits \$ _____
 Other (rental, royalties, etc.) \$ _____

TOTAL TAXABLE INCOME \$ _____

SECTION C – Certification by person(s) requesting special circumstance consideration.

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the SUNY Potsdam Financial Aid Office of any error or omission in the above information, or of any further circumstances which affect the accuracy of the provided information. I understand that failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.

 Parent Signature

 Date

 Student Signature

 Date