



2024-2025

SUNY Potsdam One Stop

Request for Consideration of Special Circumstance

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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).
• Copy of Divorce decree/separation papers or copy of death certificate.
• Proof of separate addresses if parents separated (copy of lease; utility bills)
• ALL applicants must submit a signed copy of 2022 federal income taxes, W-2 forms and all Schedules, if Schedules were filed.
• 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:

- Copies of paid receipts or canceled checks (NOT BILLS). Do not include expenses paid by insurance or a third party.
• Copy of Schedule A of U.S. tax return. If Schedule A was NOT filed, include a statement that you did not file Schedule A. If using 2023 expenses, please provide a signed copy of the 2023 U.S. Tax Return.
• COMPLETE SECTION C. (signatures)

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

Submit:

- Copy of PAID tuition bill or receipt showing tuition paid in 2022. (January 2022 through December 2022)
• COMPLETE SECTION C. (signatures)

5. \_\_\_\_\_ Other

Submit:

- Detailed letter explaining the situation and provide supporting documentation
• 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