



2026 – 2027

SUNY Potsdam Financial Aid

Request for Consideration of Special Circumstance

44 Pierrepont Avenue

Potsdam, NY 13676

Phone 315-267-2943

finaid@potsdam.eduDocuments need to be uploaded to our [secure file drop](#).

Student Name: _____ ID #: _____ Date: _____

The Financial Aid Office at SUNY Potsdam realized 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 2026-2027 FAFSA.** Your Request for Consideration may require full verification of information reported on the student's FAFSA, such as reported 2024 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 2026-2027 FAFSA.

If a parent or student was separated, divorced or widowed BEFORE the FAFSA was completed for 2026-2027, DO NOT COMPLETE THIS FORM. Rather, correct the FAFSA to reflect only the “custodial parent” (or student) 2024 income. Contact our office if you have any 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 are separated (copy of lease, utility bills, etc.)
- ALL applicants must submit a signed copy of 2024 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 Benefits**

2.1 Loss or Change of Job: Effective Date: _____

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

Reason for reduction/loss of income: _____ Job Change _____ Reduced Commissions or Overtime _____ New Business Start-up _____ Retirement _____ Termination by Employer (Provide letter)
_____ Other (please specify) _____

2.2 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. **Select Tax year and provide documentation for that year only.** _____ 2024 _____ 2025

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 2025 expenses, please provide a signed copy of the 2025 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 2024. (January 2024 through December 2024)
- **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 2024 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 2025 than in 2024, then also submit a **signed** copy of 2025 federal income taxes, W-2 forms and all Schedules, if Schedules were filed. Also, complete item **B.1** below.
 Option 2: IF income or benefits are projected to be less (for instance in 2026), then complete items **B.1 and B.2** 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.**

B.1) For either OPTIONS 1 or 2, you must report your NON-Taxable Income:

For Option 1, report income received for 1/1/25-12/31/25; for Option 2, report income received for the specified 12-month period

| Parent Non-taxable income: | Parent Amount (\$) | Student Non-Taxable Income: | Student Amount (\$) |
|---|---------------------------|---|----------------------------|
| Tax-deferred pension payments | \$ | Tax-deferred pension payments | \$ |
| Deductible IRA/Keogh payments | \$ | Deductible IRA/Keogh payments | \$ |
| Untaxed portions of pensions | \$ | Untaxed portions of pensions | \$ |
| Workers Compensation | \$ | Workers Compensation | \$ |
| Veterans' non-education benefits | \$ | Veterans' non-education benefits | \$ |
| Tax exempt interest income | \$ | Tax exempt interest income | \$ |
| Foreign income exclusions | \$ | Foreign income exclusions | \$ |
| Living allowance for clergy or Member of the military | \$ | Living allowance for clergy or Member of the military | \$ |
| Any other untaxed income | \$ | Any other untaxed income | \$ |
| Untaxed IRA distributions | \$ | Untaxed IRA distributions | \$ |
| | | | |
| TOTAL NON-TAXABLE INCOME | \$ | TOTAL NON-TAXABLE INCOME | \$ |

B.2) For Option 2 ONLY, project you Taxable Income for a specific 12-month period, such as 1/1/26-12/31/26 – Please specify which 12-month period: _____

| Parent Expected Gross Wages, salary and tips you will earn from work during the 12 months: | Parent Amount (\$) | Student expected Gross wages, salary and tips you will earn from work during the 12 months: | Student Amount (\$) |
|---|---------------------------|--|----------------------------|
| Parent 1 | \$ | Student | \$ |
| Parent 2 | \$ | Student's Spouse | \$ |
| Taxable interest or dividend income | \$ | Taxable interest or dividend income | \$ |
| Alimony | \$ | Alimony | \$ |
| Business or Farm Income | \$ | Business or Farm Income | \$ |
| Capital gains/other gains | \$ | Capital gains/other gains | \$ |
| IRA distributions | \$ | IRA distributions | \$ |
| Pensions & annuities | \$ | Pensions & annuities | \$ |
| Unemployment Compensation | \$ | Unemployment Compensation | \$ |
| Taxable social security benefits | \$ | Taxable social security benefits | \$ |
| Other (rental, royalties, etc.) | \$ | Other (rental, royalties, etc.) | \$ |
| TOTAL TAXABLE INCOME | \$ | 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 information provided. 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