



2025-2026

SUNY Potsdam Financial Aid

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 2025-2026 FAFSA. Your Request for Consideration may require full verification of information reported on the student's FAFSA, such as reported 2023 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 2025-2026 FAFSA. If parent or student was separated, divorced or widowed BEFORE the FAFSA was completed for 2025-2026, DO NOT COMPLETE THIS FORM. Rather, correct the FAFSA to reflect only the custodial parent's (or student's) 2023 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 2023 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. 2023 2024

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 2024 expenses, please provide a signed copy of the 2024 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 2023. (January 2023 through December 2023)
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 2023 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 2024 than in 2023**, then also submit a signed copy of 2024 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 2025)**, 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 1/1/24-12/31/24; 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 1/1/25-12/31/25 – 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