



PSPEC/SSPEC

2021-2022 Request for Consideration of Special Circumstance

SUNY Potsdam Financial Aid
44 Pierrepont Avenue
Potsdam, NY 13676
Phone 315-267-2943
Fax 315-267-3067
finaid@potsdam.edu

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 2021-2022 FAFSA. Your Request for Consideration may require full verification of information reported on the student's FAFSA, such as reported 2019 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 2021-2022 FAFSA. If parent or student was separated, divorced or widowed BEFORE the FAFSA was completed for 2021-2022, DO NOT COMPLETE THIS FORM. Rather, correct the FAFSA to reflect only the "custodial parent's" (or student's) 2019 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.
Copies of most recent pay stub(s) for each job held by remaining parent/self.
Proof of separate addresses if parents separated (copy of lease; utility bills)
COMPLETE SECTION B and C: Documentation of income. Include any support payments received from divorced or separated spouse or life insurance payments from deceased spouse.

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. _____ 2019 _____ 2020

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 2020 expenses, please provide a signed copy of the 2020 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 2019. (January 2019 through December 2019)
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 2019 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 2020 than in 2019**, then also **submit** a **signed** copy of 2020 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 2021)**, 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 1/1/20-12/31/20; for Option 2, report income received for the specified 12-month period)

Parent Non-taxable income:

Tax-deferred pension payments \$ _____
 Deductible IRA/Keogh payments \$ _____
 Child support received \$ _____
 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 \$ _____
 Child support received \$ _____
 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 1/1/21-12/31/21 – 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

**Form and documents need to be uploaded at <https://filedrop.potsdam.edu/finaid>
 DO NOT EMAIL DOCUMENTS!**