

## 2017 – 2018 SPECIAL CONDITIONS EVALUATION FORM

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**INSTRUCTIONS:** The Financial Aid Office realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to help address your possible need for special consideration of unusual circumstances or expenses during this respective academic year. **This review does not affect the New York State TAP award.**

*\*Reminder – The 2017-2018 FAFSA is using 2015 IRS Tax information.*

**SECTION A - SPECIAL CONDITIONS CONSIDERATION REQUEST AFFECTS THE INCOME OF:**  PARENT  STUDENT

**SECTION B – EXPLANATION OF SPECIAL CIRCUMSTANCES:** Provide a detailed explanation of your situation including what has changed and why the change occurred. (If necessary attach additional information to form).

**Date of Change:** \_\_\_\_\_

**Explanation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION C - SPECIAL CIRCUMSTANCES FOR CONSIDERATION:** Mark which special circumstance applies to your situation and submit all required documentation to the Student Records and Financial Services office.

<input type="checkbox"/>	<b>SPECIAL CIRCUMSTANCE</b>	<b>DEPENDENT STUDENT</b>	<b>INDEPENDENT STUDENT</b>	<b>REQUIRED DOCUMENTATION</b> (All documents should be signed)
<input type="checkbox"/>	Reduction or Loss of Employment	Your birth parent(s) or your income earned will be less than earned in 2015	You and/or spouse's income earned will be less than earned in 2015	1. 2016 Federal Tax Transcript (Student/Parent) 2. 2016 W2 Statement (Student/Parent) 3. Final paystub(s) with year to date earnings 4. Unemployment benefit summary
<input type="checkbox"/>	Reduction or Loss of Untaxed Income i.e. Child Support, Social Security, Worker's Comp	Your birth parent(s) or your 2015 benefits have been reduced or ceased.	You and/or spouse's benefits have been reduced or ceased.	1. 2016 Federal Tax Transcript (Student/Parent) 2. 2016 W2 Statement (Student/Parent) 3. Documentation of 2016 updated figures 4. Documentation of total 2016 benefits and the date of termination
<input type="checkbox"/>	Change in Marital Status i.e. separated, divorced or widowed	Your birth parent(s) were separated, divorced or widowed after the FAFSA was filed	You were separated, divorced or widowed after the FAFSA was filed	1. 2016 Federal Tax Transcript (Student/Parent) 2. 2016 W2 Wage Statement (Student/Parent) 3. Divorce decree or separation agreement 4. Current proof of separate residence for both parties (i.e. utility bill, lease, etc.)
<input type="checkbox"/>	One Time Payment Received	You or your birth parent(s) received a one-time payment (lump sum) in 2015	You and/or spouse received a one-time payment (lump sum) in 2015	1. 2016 Federal Tax Transcript (Student/Parent) 2. 2016 W2 Wage Statement (Student/Parent) 3. Documents detailing source, amount and reason for one-time payment

## 2017 – 2018 SPECIAL CONDITIONS EVALUATION FORM CONT.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**SECTION D** – List any actual income received for the 2016 calendar year or estimated 2017 income to be received in the sections below. **Do not leave any spaces blank. Enter “0” or N/A if necessary.**

ACTUAL 2016 INCOME OR ESTIMATED 2017 INCOME	PARENT 1	PARENT 2	STUDENT	STUDENT'S SPOUSE
<b>Taxable Income:</b>				
Wages, salaries, tips (2016 actual)	\$	\$	\$	\$
Wages, salaries, tips (2017 estimated)	\$	\$	\$	\$
Unemployment Benefits:	\$	\$	\$	\$
Severance Pay:	\$	\$	\$	\$
Business/Farm Income (Loss):	\$	\$	\$	\$
IRA Distributions:	\$	\$	\$	\$
Total Pension(s) or Annuities:	\$	\$	\$	\$
Other taxable income (Alimony, Capital Gains, etc.): <b>List Source:</b>	\$	\$	\$	\$
<b>Non-Taxed Income:</b>				
Veterans Non-Education Benefits:	\$	\$	\$	\$
Disability / Worker's Compensation:	\$	\$	\$	\$
Child Support Received:	\$	\$	\$	\$
Untaxed Portions of Pensions / Annuities (Exclude Rollovers):	\$	\$	\$	\$
Untaxed Portions of IRA Distributions (Exclude Rollovers):	\$	\$	\$	\$
Living Allowances for Military, Clergy, and Others:	\$	\$	\$	\$
Other Non-Taxable Income: List Source:	\$	\$	\$	\$
<b>Complete ONLY if your Special Circumstance is for a One-Time (Lump Sum) Payment:</b>				
Amount of One-Time Payment received in 2015	\$	\$	\$	\$

**SECTION C – STATEMENT OF CERTIFICATION:** I certify that the information provided is true and accurate to the best of my knowledge. I am aware that the information above constitutes an application for funds from the federal government and that any material omissions, or false and misleading information, may result in penalties under federal law. If changes occur, I will notify the Student Records and Financial Services Office in writing.

\_\_\_\_\_  
 (Student Signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Parent Signature - If dependent student)

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY:**

- |   |  |
|---|--|
| <input type="checkbox"/> Verification done        | <input type="checkbox"/> New EFC _____   |
| <input type="checkbox"/> FAA Access update        | <input type="checkbox"/> New AGI _____   |
| <input type="checkbox"/> Notify student via Email | <input type="checkbox"/> New Wages _____ |