Independent Student Special Circumstances Form 2010-2011

Sometimes unforeseen circumstances and/or expenses occur during an academic year. This form is designed to help families address these unusual situations.

Section A - Special Circumstance. Please check conditions that apply and submit all documentation required for each condition. Be sure to include information for both the student and spouse if applicable. A letter of explanation and supporting documentation is required before any processing is done.

Conditions:

_____ Widowed, divorced or separated since completing your 2010-2011 FAFSA

_____ Reduction in or loss of income or benefits in 2010

_____ Extra-ordinary household expenses that occurred in 2010 such as uninsured medical expenses, Special Needs Children, catastrophic event, bankruptcy/legal documentation stating unable to incur debt, day care costs, daily travel back and forth to college, etc. According to federal law we cannot consider personal choice expenses such as a car payment, credit card debt, home improvement, or home renovation, etc

_____ Other

Required Documentation:

- A detailed letter explaining your situation. Include what has changed, why and the dates changes occurred.
- Completed 2010-2011 Independent verification worksheet
- Signed copy of student and spouse (if applicable) 2009 federal income tax return with all schedules and W-2’s
- Supporting documentation – examples are listed below
  - Copies of most recent pay stubs for all jobs held in 2010
  - Copies of medical receipts or cancelled checks (PLEASE DO NOT SEND BILLS) showing expenses incurred
  - Receipts showing different addresses (for proof of separation of parents)
  - Death certificate, obituary, divorce or separation papers (first page is needed and any additional pages with regards to support or alimony payments
  - Workers Compensation
  - Official documentation of Day Care Expenses
  - Documentation of daily travel (MapQuest, Maps On Us, Google Maps, etc.)
  - Taxable Social Security Benefits
  - Disability Benefits
  - Workers Compensation
  - Unemployment Benefits
  - Severance pay etc
# Calculated Income for calendar year 2010

**Estimate of 2010 anticipated income received from all sources for student and spouse (if applicable).**

1. Income from Working $______________  
2. Worker’s Compensation $______________  
3. Severance Benefits $______________  
4. Social Security Benefits $______________  
5. Unemployment Benefits $______________  
6. Disability Benefits $______________  
7. Child Support $______________  
8. Other Income or Benefits $______________

**Signatures**

The information provided on this form is true and accurate to the best of my knowledge. I agree to notify the Financial Advisement Office at SUNY Cortland of any error or omission in the information provided, or of any further circumstances that may 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.

________________________________________________  _______________
Student Signature           Date

________________________________________________  _______________
Spouse’s Signature            Date