



State University of New York College of  
Environmental Science and Forestry

**2021-2022 Request for Special Circumstances Review**

Please complete and submit this form if you or a member of your family have experienced unforeseen circumstances impacting your household income.

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. Explain the details of your circumstances:

---

---

---

---

2. Please check the item that applies to your situation and provide the listed documentation:

**Unemployment or Change in Employment/Income**

Parent(s)       Student/Spouse

Date of Occurrence: \_\_\_\_\_

Documentation: (1) Final cumulative pay stub (2) Letter of separation from employer (3) Unemployment benefits letter/summary (4) Signed copy of 2019 federal taxes + W-2 Forms (5) Signed copy of 2020 federal taxes + W-2 Forms (6) Letter from new employer, if applicable, with salary/wage information and start date

**Separation or Divorce**

Date of Occurrence: \_\_\_\_\_

Documentation: (1) Copy of divorce/separation agreement (2) Proof of separate residences (3) Signed copy of 2019 federal taxes + W-2 Forms (4) Signed copy of 2020 federal taxes + W-2 Forms

**Reduction or Loss of Child Support**

Date of Occurrence: \_\_\_\_\_

Documentation: (1) Copy of official court or other documents showing dates and amounts (2) Signed copy of 2019 federal taxes + W-2 Forms (3) Signed copy of 2020 federal taxes + W-2 Forms

**\_\_\_ Death of Immediate Family Member**

Date of Occurrence: \_\_\_\_\_

Documentation: (1) Copy of death certificate (2) Signed copy of 2019 federal taxes + W-2 Forms (3) Signed copy of 2020 federal taxes + W-2 Forms

**\_\_\_ Unusual/Unexpected and Unreimbursed Medical Expenses**

Documentation: (1) Diagnosis/Medical Records (2) Bills/Insurance Statements showing recurring out-of-pocket expenses (3) Signed copy of 2019 federal taxes + W-2 Forms (4) Signed copy of 2020 federal taxes + W-2 Forms

**\_\_\_ One-time Source of Income**

Documentation: (1) Account statement or other documentation showing date(s) and amount(s) (2) Signed copy of 2019 federal taxes + W-2 Forms (3) Signed copy of 2020 federal taxes + W-2 Forms

**\_\_\_ Secondary School Tuition Expenses**

Documentation: (1) Document listing name of secondary school student, relationship to ESF student, and class year of secondary school student (2) Account statement showing tuition expense and any aid funding awarded to assist with the expense (3) Signed copy of 2019 federal taxes + W-2 Forms (4) Signed copy of 2020 federal taxes + W-2 Forms

**\_\_\_ Other Circumstances Outside of the Student’s Control**

Describe Circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documentation: (1) Documentation supporting the details of the circumstances (2) Signed copy of 2019 federal taxes + W-2 Forms (3) Signed copy of 2020 federal taxes + W-2 Forms

3. Provide the information below for the period January 1, 2021 through December 31, 2021. Provide all income received to date PLUS estimated income for the remainder of the year through December 31, 2021.

**Year-to-Date + Projected Income Sources:**

**Taxable Income:**

	<b><u>Student/Spouse</u></b>	<b><u>Parent(s)</u></b>
a. Wages, Salaries, Tips:	\$ _____	\$ _____
b. Unemployment:	\$ _____	\$ _____
c. Interest:	\$ _____	\$ _____
d. Dividends:	\$ _____	\$ _____
e. Pensions:	\$ _____	\$ _____
f. Alimony:	\$ _____	\$ _____
g. Business/Farm Income or Loss:	\$ _____	\$ _____
h. Rental Income or Loss:	\$ _____	\$ _____
i. Other Source(s) (list all): _____	\$ _____	\$ _____

Untaxable Income:

a. Social Security Benefits:	\$ _____	\$ _____
b. Payments to Tax-Deferred Plans:	\$ _____	\$ _____
c. Child Support:	\$ _____	\$ _____
d. Untaxed Portions of Pensions:	\$ _____	\$ _____
e. Worker's Compensation:	\$ _____	\$ _____
f. TANF/Welfare Benefits:	\$ _____	\$ _____
g. Other Source(s) (list all): _____	\$ _____	\$ _____

4. Provide Signatures and Certifications:

I certify that the information on this form and any submitted documentation is true and accurate to the best of my knowledge. I understand that submitting this form does not guarantee approval and may not result in a change to financial aid eligibility. I agree to submit any additional documentation that may be requested to support this request.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit fully completed and signed form along with all requested documentation:**

Mail:

SUNY-ESF Office of Financial Aid  
113 Bray Hall  
1 Forestry Drive  
Syracuse, NY 13210

Fax:

315-470-4734

Document Upload:

<https://myesf.esf.edu>

Questions:

315-470-6706  
finaid@esf.edu (not for documentation submission)