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.

<table>
<thead>
<tr>
<th>Year-to-Date + Projected Income Sources:</th>
<th>Student/Spouse</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taxable Income:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Wages, Salaries, Tips:</td>
<td>$______________</td>
<td>$__________</td>
</tr>
<tr>
<td>b. Unemployment:</td>
<td>$______________</td>
<td>$__________</td>
</tr>
<tr>
<td>c. Interest:</td>
<td>$______________</td>
<td>$__________</td>
</tr>
<tr>
<td>d. Dividends:</td>
<td>$______________</td>
<td>$__________</td>
</tr>
<tr>
<td>e. Pensions:</td>
<td>$______________</td>
<td>$__________</td>
</tr>
<tr>
<td>f. Alimony:</td>
<td>$______________</td>
<td>$__________</td>
</tr>
<tr>
<td>g. Business/Farm Income or Loss:</td>
<td>$______________</td>
<td>$__________</td>
</tr>
<tr>
<td>h. Rental Income or Loss:</td>
<td>$______________</td>
<td>$__________</td>
</tr>
<tr>
<td>i. Other Source(s) (list all):</td>
<td>$______________</td>
<td>$__________</td>
</tr>
</tbody>
</table>
Untaxed 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)