**2022-2023 Special Circumstances Form**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Financial Aid office recognizes that a family’s financial circumstances may change, and the information on the 2022-23 FAFSA, which is based on the 2020 income information, may no longer accurately represent your family’s ability to pay for college. The Higher Education Act allows financial aid administrators to address unusual circumstances utilizing professional judgment. This process may allow the SUNY Adirondack Financial Aid Office to offer additional forms of student financial aid by modifying FAFSA data and/or adjusting a student’s cost of attendance.

***Please check the box that best reflects your request for a review of your circumstances and***

***send the documentation requested under your selection so we may begin processing your request:***

 *Loss/Change of Job*

* Letter explaining your situation
* Proof of Unemployment (e.g. letter from employer or final check stub)
* Proof of Unemployment Benefits/ severance pay (if applicable)
* Signed copy of student/parents’ 2021 Federal Tax Return
* Copy of most recent paystubs (if applicable)

 *Divorce/Separation/Death of Parent or Spouse*

* Letter explaining your situation
* Signed copy of student/parents’ 2021 Federal Tax Return
* Copies of all 2021 W-2s
* Proof of separate address (if applicable)
* Death certificate (if applicable)
* Divorce or separation papers (if applicable)

 *Unusual One-Time Income*

* Letter explaining your situation
* Signed copy of student/parents’ 2021 Federal Tax Return
* Documentation of the one-time income (i.e. severance pay, lawsuit settlement, etc.)

 *Medical/Dental Expenses*

* Letter explaining your situation
* Proof of Medical/Dental Expenses
* Signed copy of student/parents’ 2021 Federal Tax Return

 *Other (briefly explain  
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* Letter explaining your situation
* All documentation to support your request

I certify that the information provided on/with this form is true and complete to the best of my knowledge. I understand that I may be required to provide additional documentation if requested, and that my request cannot be reviewed without the requested documentation. I further understand that processing of my request during peak times may be delayed.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_***Student signature Date Parent/Spouse signature Date