

Financial Aid Office
Enrollment Services
109 Bush Hall
2 Main Street
Delhi, NY 13753
Phone: 607-746-4570
Fax: 607-746-4104

Student Name: _____
Banner ID: 800 _____



Parent Special Circumstances Form 2009-2010

The Financial Aid Office at SUNY Delhi realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for consideration of these unusual circumstances or expenses.

Section A - Special Circumstance. Please check conditions that apply and submit **all** documentation required for each condition. A letter of explanation and supporting documentation is **required** before any processing is done.

Conditions:

- Widowed, divorced or separated since completing your 2009-2010 FAFSA
- Reduction in or loss of income or benefits in 2009
- Extraordinary household expenses in 2009 (uninsured medical expenses, private school tuition costs, catastrophic event, etc.)
- Other

Required Documentation:

- A detailed letter explaining your situation. Include what has changed, why and the dates changes occurred.
- Completed 2009-2010 dependent verification worksheet
- Signed copy of parent's 2008 federal income tax return with all schedules and 2008 W-2's
- Supporting documentation – examples are listed below
 - Copies of most recent pay stubs for each job held in 2009
 - Copies of receipts or cancelled checks (NOT BILLS) showing expenses incurred
 - Receipts showing different addresses
 - Death certificate, divorce or separation papers

Estimate of income for 2009:

Complete information on back of form

Calculated Income for calendar year 2009

Year to date income received from all sources for the person whose income has been affected.
(January 1st 2009 to the date this form was submitted)

- | | |
|-----------------------------|----------|
| 1. Income from Working | \$ _____ |
| 2. Worker's Compensation | \$ _____ |
| 3. Unemployment Benefits | \$ _____ |
| 4. Severance Benefits | \$ _____ |
| 5. Social Security Benefits | \$ _____ |
| 6. Disability Benefits | \$ _____ |
| 7. Child Support | \$ _____ |
| 8. Other Income or Benefits | \$ _____ |

Estimated anticipated income from all sources for person whose income has been affected
(From the date this form is submitted until December 31st 2009)

- | | |
|-----------------------------|----------|
| 1. Income from Working | \$ _____ |
| 2. Worker's Compensation | \$ _____ |
| 3. Unemployment Benefits | \$ _____ |
| 4. Severance Benefits | \$ _____ |
| 5. Social Security Benefits | \$ _____ |
| 6. Disability Benefits | \$ _____ |
| 7. Child Support | \$ _____ |
| 8. Other Income or Benefits | \$ _____ |

Signatures

The information provided on this form is true and complete to the best of my knowledge. I agree to notify the Financial Aid Office at SUNY Delhi of any error or omission in the above information, or of any further circumstances that may affect the accuracy of the above provided information. I understand that failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.

Student Signature

Date

Parent Signature

Date

All documentation must be submitted before SUNY Delhi can process this request.