



SUNY Delhi Student ID							
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2022-2023

Financial Aid Special Circumstances Form

The office of Student Financial Services at SUNY Delhi realizes that families sometimes experience unforeseen circumstances and/or expenses during an academic year, including being impacted by the COVID-19 pandemic. This form is designed to address your possible need for consideration of these unusual circumstances or expenses. All steps below are required for your account to be reviewed. This review is for federal financial aid eligibility and additional documentation may be requested. For more information about this process including our Frequently Asked Questions (FAQ), visit www.delhi.edu/special-circumstance

Student Name: _____

STEP 1 – Letter of Explanation

Please provide a signed statement explaining your situation. The statement should be as specific as possible and include important details as to what changed, why and the dates changes occurred.

STEP 2 – Special Circumstance and Required Documents

Please check the circumstance(s) below that applies and submit **all** documentation required.

	Special Circumstance	Required Documentation
<input type="checkbox"/>	Loss of Income or Employment in 2021	<ul style="list-style-type: none">Signed copy of 2020 and 2021 Federal Tax Returns (include all schedules)Copies of all 2020 and 2021 W-2 formsTermination notice from employer on company letter head stating the last date of employmentStatement of Unemployment BenefitsProof of severance payProof of cancellation or reduction of income<i>Must complete STEP 3 on the back of this form if loss occurred towards the end of 2021</i>
<input type="checkbox"/>	Loss of Income or Employment in 2022	<ul style="list-style-type: none">Copy of 2020 Federal Tax ReturnsCopies of all 2020 W-2 formsTermination notice from employer on company letter head stating the last date of employmentStatement of Unemployment BenefitsProof of severance payCopies of most recent pay stubs for each job showing year-to-date earnings for 2022 (if applicable)Proof of cancellation or reduction of income<i>Must complete STEP 3 on the back of this form</i>
<input type="checkbox"/>	Medical Expense (uninsured medical expenses or catastrophic event)	<ul style="list-style-type: none">Copies of uninsured medical expenses and proof of payment that occurred during the academic year
<input type="checkbox"/>	Separation or divorce after submitting the 2022-2023 FAFSA	<ul style="list-style-type: none">Copy of the divorce decree or legal separation agreement ORReceipts showing different addresses if separated and one of the partners has left the household for an infinite period and marriage is severed (example: lease agreements, utility bills)Proof of child support received or paidSigned copy of 2020 and 2021 Federal Tax Returns (include all schedules)Copies of all 2020 and 2021 W-2 forms
<input type="checkbox"/>	Death of a parent after submitting the 2022-2023 FAFSA	<ul style="list-style-type: none">Copy of Death CertificateSigned copy of 2020 and 2021 Federal Tax Returns (include all schedules)Copies of all 2020 and 2021 W-2 forms
<input type="checkbox"/>	Other	<ul style="list-style-type: none">Provide pertinent documentation related to your other circumstance

STEP 3 – Estimate of calculated income for calendar year 2022:

Only complete this step if you checked the box for Loss of Employment or Loss of Income in Step 2 **AND** the loss occurred towards the end of 2021 or at any time during 2022.

Income received from all sources from January 1, 2022 – June 30, 2022

(Do not complete until after June 30, 2022)

	Student	Parent 1/Spouse	Parent 2
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 Benefits	\$ _____	\$ _____	\$ _____

Estimated anticipated income from all sources from July 1, 2022 to December 31, 2022

(Do not complete until after June 30, 2022)

	Student	Parent 1/Spouse	Parent 2
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 Benefits	\$ _____	\$ _____	\$ _____

Is your special circumstance related to the impact of COVID-19?

- ☐ Yes
☐ No

Step 4 – Signatures

The information provided on this form is true and complete to the best of my knowledge. I agree to notify Student Financial Services 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. **Electronic signatures are NOT acceptable.**

Student Signature

Date

Parent/Spouse Signature

Date