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2015-2016 SPECIAL CIRCUMSTANCES FORM - 7/1/2015 Deadline

Student Name:	ID Number:
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EXPLANATION OF SPECIAL CIRCUMSTANCES:

Along with this form you must attach a signed, written statement detailing the specifics of your circumstances and provide any pertinent information that will help us better understand your particular situation.

SPECIAL CIRCUMSTANCES FOR CONSIDERATION:

Please check special circumstances that apply and submit all documentation required for each condition. Appeals will not be considered if you fail to include the required documentation.

Special Circumstances	Dependent Student	Independent	Required Documentation		
		Student			
Loss of Employment	You and/or your	You and/or your	Dependent or Independent Verification Worksheet		
	parent's income	spouse's income	Signed 2014 IRS federal tax return transcripts for all via		
	earned in 2015 is less	earned in 2015 is less	http://www.irs.gov		
Must be unemployed for at	than that earned in	than that earned in	• 2014 W-2 wage statements for all		
least 3 months.	2014.	2014.	Last pay stub showing year-to-date earnings		
reast 5 months.			Termination notice from employer		
			Unemployment Benefit notice		
Other Loss of Income	You and/or your	You and/or your	Dependent or Independent Verification Worksheet		
	parent's received	spouse's received	Signed 2014 IRS federal tax return transcripts for all via		
	benefits in 2014	benefits in 2014 which	http://www.irs.gov		
	which has ceased or	has ceased or been	• 2014 W-2 wage statements for all		
	been reduced in	reduced in 2014.	Original 2014 Benefit statement listing total amount received		
	2014.		Revised benefit statement listing updated amount to receive		
			and effective date		
Separation or Divorce	Your parents	You and your spouse	Dependent or Independent Verification Worksheet		
	separated or	separated or divorced	Signed 2014 IRS federal tax return transcripts for all via		
	divorced during the	during the preceding	http://www.irs.gov		
	preceding or current	or current tax year.	• 2014 W-2 wage statements for all		
	tax year.		Divorce decree or separation agreement and proof of separate		
			residence		
Death of a Parent or	A parent passed	Your spouse passed	Dependent or Independent Verification Worksheet		
Spouse	away after filing the	away after filing the	Signed 2014 IRS federal tax return transcripts for all via		
	FAFSA.	FAFSA.	http://www.irs.gov		
			• 2014 W-2 wage statements for all		
			Applicable death certificate		
Medical/Dental Expense	Paid 2014 medical	Paid 2014 medical	Dependent or Independent Verification Worksheet		
	expenses by you or	expenses by you or	Signed 2014 IRS federal tax return transcripts for all		
Paid medical or dental	your parents were	your spouse were	via http://www.irs.gov - Must include Schedule A		
expenses over 11% of	over 11% of AGI or	over 11% of AGI or	• 2014 W-2 wage statements for all		
Adjusted Gross Income	anticipated	anticipated expenses	Copies of receipts (do not send bills)		
(AGI).	expenses in 2015 are	in 2015 are over 11% of	Explanation of benefits statements		
	over 11% of AGI.	AGI.	A detailed letter indicating amount of medical/dental		
			expenses and when they were incurred.		
One Time (Lump Sum)	You or Your parent	You and/or your	Dependent or Independent Verification Worksheet		
Payment	received a one-time,	spouse received a	Signed 2014 IRS federal tax return transcripts for all via		
Requests for a one-time	lump sum payment	one-time, lump	http://www.irs.gov		
hardship withdrawal from	in 2014.	sum payment in	• 2014 W-2 wage statements for all		
pension and/or retirement		2014.	Documentation showing source and amount of lump payment.		
account will only be			A detailed letter indicating what these funds were used for and		
considered once.			the balance remaining at this time.		

PROJECTED INCOME AND BENEFITS FROM JANUARY 1, 2015 TO DECEMBER 31, 2015:

SOURCE OF INCOME:	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary	\$	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Pensions and/or Annuities	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Social Security Benefits (taxable)	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL OF ALL INCOME:				

STATEMENT OF CERTIFICATION:

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in a change of the financial aid already offered. Requests should allow approximately 4 weeks for processing time. While your request is being reviewed, students are advised to accept their current award package for billing purposes. This form only applies to Federal financial aid. It cannot be used to change state aid programs such as TAP or SUNY Tuition Credit. Decisions are final and will be communicated to the student.

Student's signature	Date
Student's Spouse's signature (if applicable)	Date
Parent's signature (if student is dependent)	 Date

HAVE YOU PROVIDED ALL OF THE FOLLOWING?

- ✓ Written detailed statement of circumstance
- ✓ Tax returns, all schedules and W-2 statements
- ✓ All required documentation as indicated
- ✓ Appropriate signatures on ALL forms including tax transcripts
- ✓ Student's name and ID number on all forms

THE FOLLOWING WILL NOT BE CONSIDERED FOR APPEALS:

-Discretionary personal expenses or consumer indebtedness (i.e., wedding expenses, credit card bills, car payments, etc.)

-Bankruptcy
-Retirement

-Home equity, 401k, or 403b loans
-Voluntary Unemployment or relocation
-Tuition paid for elementary or secondary school
-Loss of overtime pay