

2009 – 2010 SPECIAL CIRCUMSTANCES FORM

 Student's Name _____ Albany ID # 00 _____

Section 1: Explanation of Special Circumstances: Please attach a signed statement explaining in detail the circumstance you wish the Financial Aid Appeals Committee to evaluate. Please be specific and include pertinent details that will help the committee understand your particular situation.

Section 2: Supporting Documentation: Please provide documentation relevant to the special circumstances you described in your statement. Required documentation must accompany your request for consideration. See the table below.

SPECIAL CIRCUMSTANCES	FOR AN INDEPENDENT STUDENT	FOR A DEPENDENT STUDENT	REQUIRED DOCUMENTATION
■ Loss of Employment	Your (and/or your spouse's) earned income in 2009 will be significantly less than that in 2008.	Your parent(s') or your earned income in 2009 will be significantly less than that in 2008.	Signed copies of: -2008 Federal Tax Returns including W-2's and all schedules. -Last pay stub(s) -Unemployment summary
■ Loss of Income -Social Security -Child Support -Alimony -Child Support -Other Sources	Your (and/or your spouse's) benefits in 2009 will be less than those received in 2008.	Your parent(s') or your benefits in 2009 will be less than those received in 2008.	Signed copies of: -2008 Federal Tax Returns including W-2's and all schedules. -Documentation of 2009 updated figures -Documentation of total amount of 2008 benefits and date of termination.
■ Marital Separation or Divorce	You and your spouse have divorced or separated AFTER filing the FAFSA.	Your parents have divorced or separated AFTER filing the FAFSA.	Signed copies of: -2008 Federal Tax Returns including W-2's and all schedules. -Divorce decree or separation agreement (if available) -Proof of separate addresses for both parties (i.e. power bill, lease agreement, etc...).
■ Death of a Parent or Spouse	Your spouse has died.	A parent whose information is on the FAFSA has died.	Signed copies of: -2008 Federal Tax Returns including W-2's and all schedules. -Death Certificate
■ Medical/Dental Expense	Your (and/or your spouse's) unreimbursed medical/dental expenses in 2008 exceed 11% of your total income.	Parent(s') or student unreimbursed medical/dental expenses in 2008 exceed 11% of your total income.	Signed copies of: -2008 Federal Tax Returns including W-2's and all schedules. -PAYMENT(s) of medical/dental bills
■ One Time Financial Event (lump sum payment received)	You (and/or your spouse) received a one-time payment(lump sum) in '08	Your parent(s') received a one-time payment(lump sum) in '08	Signed copies of: -2008 Federal Tax Returns including W-2's and all schedules. -Documents detailing source, amount and reason for one time event.

Section 3: January 1, 2009 to December 31, 2009 Projected Income/Benefits: Complete the appropriate sections below. ALL income, taxable and untaxed, as well as earned and unearned. *Indicate the estimated figures by using an * next to the item.*

ESTIMATED 2009 INCOME	MOTHER/ STEPMOTHER	FATHER/ STEPFATHER	STUDENT	SPOUSE
Taxable Income:	*****	*****	*****	*****
<i>Wages, Salaries, Tips (Actual)</i> January 1, 2009 to Today	\$	\$	\$	\$
<i>Wages, Salaries, Tips (Estimate)</i> Today to December 31, 2009	\$	\$	\$	\$
Interest/Dividend	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Pensions/Distributions	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Business/Farm Income(loss)	\$	\$	\$	\$
Rental Income or Loss	\$	\$	\$	\$
Other Sources List Source:	\$	\$	\$	\$
Untaxed Income:	*****	*****	*****	*****
Social Security Benefits	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Child Support Paid	\$	\$	\$	\$
Disability/Workers Compensation	\$	\$	\$	\$
AFDC/ADC Other Welfare Benefits	\$	\$	\$	\$
Payments to retirement accounts	\$	\$	\$	\$
Other Sources List Source:	\$	\$	\$	\$

Section 4: Statement of Certification: By Signing this form, I attest to the fact that the information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I understand that failure to comply with this agreement could result in forfeiture of financial aid for the student.

Signature of Student _____ Date: _____

Signature of Parent(s) _____ Date: _____

Name, Relationship to the Student and Telephone Number of the Person Completing This Form:

_____ / _____ / (____) _____ - _____