

Please anticipate 10-14 days for processing.

2010-2011 Special Conditions Consideration Form



SS# _____ Last Name _____ First Name _____

This form is designed to help address your possible need for special consideration of unusual circumstances or expenses during 2009. **This review does not affect the New York State TAP award.**

- 1. Explanation of Special Circumstances:** Please provide a signed statement explaining your situation. Please be specific and include pertinent details such as what has changed, why the change occurred, and the dates changes occurred. The specific details of your situation will help us better understand your particular situation.
- 2. Special Circumstances for Consideration:** Please check which special circumstance applies to you or your family situation. **Requests will not be processed without all required documentation.**

CHECK REASON FOR APPEAL AND COMPLETE INFORMATION ON REVERSE.

- _____ Death of parent or spouse on _____.
*Attach copy of Death Certificate or Death Notice.
- _____ Separation or divorce of parents on _____.
*Attach copy of legal document/documentation of separate residence or legal separation or divorce papers.
- _____ Termination of parent's employment on _____.
*Attach copy of termination notice or copy of last pay stub and unemployment benefits statement.
- _____ Termination of student's or student's spouse employment on _____.
*Attach copy of termination notice or copy of last pay stub and unemployment benefits statement.
- _____ Retirement of parent(s) on _____.
*Attach documentation.
- _____ Underemployment anticipated for 2010 tax year.
*Attach copy of pay record and statement explaining change in employment status.
- _____ Medical Expenses - Provide documentation of medical expenses incurred during 2009 that are not covered by insurance.
- _____ Loss of taxed or untaxed income other than income earned from work.
*Document amount and provide explanation for loss.

In addition to required documentation listed above, please attach:

- **Student/Spouses and/or Parents SIGNED copy of 2009 Federal tax returns**
- **Student/Spouses and/or Parents 2009 W-2 forms**
- **Completed 2010-2011 Verification Worksheet**

3. Anticipated 2010 Income/Benefits (January 1, 2010 to December 31, 2010): Please list any anticipated income for the calendar year 2010 in the section below. You will need to estimate where actual income figures are not available or have not yet been earned. **Do not leave any blank spaces; enter zero or N/A if necessary.**

ESTIMATED 2010 INCOME	MOTHER/STEPMOTHER	FATHER/STEPFATHER	STUDENT	SPOUSE
Taxable Income:	*****	*****	*****	*****
Wages, Salaries, Tips (Actual) 1/1/10-Today	\$	\$	\$	\$
Wages, Salaries, Tips (Estimated) Today- 12/31/10	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Business/Farm Income (Loss)	\$	\$	\$	\$
IRA Distributions	\$	\$	\$	\$
Total Pension(s) or Annuities	\$	\$	\$	\$
Other taxable income (Alimony, Capital Gains, etc.) List Source:	\$	\$	\$	\$
Non-Taxed Income:	*****	*****	*****	*****
Veterans Non-Education Benefits	\$	\$	\$	\$
TANF	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Child Support Received in 2010	\$	\$	\$	\$
Child Support Paid out in 2010	\$	\$	\$	\$
Untaxed Portions of IRA Distributions (Excludes Rollovers)	\$	\$	\$	\$
Other Untaxed Income List Source:	\$	\$	\$	\$

4. Certification: All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of all information I have provided on this form. I also realize that if I do not provide proof when asked, the student's financial aid will not be processed.

Student

Date

Parent

Date