



**2024-2025 Special Conditions Form- Dependent**

*Student Last Name*

*First Name*

*CID# or SSN*

The Financial Aid Office at Corning Community College is aware that families experience unforeseen financial circumstances and/or expenses during an academic year. If your parent(s) financial situation has changed considerably from the information you provided on the Free Application for Federal Student Aid (FAFSA), and the financial situation meets one or more of the categories listed below, complete and submit this form with the required documentation. **Do not submit to our office prior to July 1, 2024.**

**A. The change of financial circumstance(s) applies to:**

\_\_\_\_\_ Mother/Stepmother \_\_\_\_\_ Father/Stepfather

**Mark all that apply and attach the required documentation.**

<p>1. <input type="checkbox"/> a. Loss and/or reduction of income earned from work.</p> <p><input type="checkbox"/> b. Loss and/or reduction of benefit.</p> <ul style="list-style-type: none"> <li>➤ Unemployment</li> <li>➤ Worker’s Compensation</li> <li>➤ Disability</li> <li>➤ Child Support</li> </ul>	<p><b>*Required Documentation:</b></p> <ul style="list-style-type: none"> <li>• <b>Letter from parent explaining circumstances.</b></li> <li>• Date of Change: ____/____/____.</li> <li>• Copies of current pay stub(s).</li> <li>• Verification of receipt of unemployment benefits.</li> <li>• If loss of benefit submit documentation of cancellation or reduction.</li> <li>• Complete section B on reverse.</li> <li>• <b><i>If completing after January 1, 2025, a copy of the 2024 federal income tax return and W-2 statements are required.</i></b></li> </ul>
<p>2. <input type="checkbox"/> Separation/Divorce or Death of parent after completing the 2024-25 FAFSA.</p>	<p><b>*Required Documentation:</b></p> <ul style="list-style-type: none"> <li>• <b>Letter from parent explaining circumstances.</b></li> <li>• Date of separation/divorce or death: ____/____/____.</li> <li>• Death: copy of Death Certificate</li> <li>• Divorce: copy of divorce decree</li> <li>• Separation: proof of separate residences (example: copy of utility, cell phone, telephone bill)</li> <li>• Complete section B on reverse.</li> </ul>
<p>3. <input type="checkbox"/> Medical/Dental Expenses (medical or dental expenses not covered by insurance that exceed 10% of your total yearly income)</p>	<p><b>*Required Documentation:</b></p> <ul style="list-style-type: none"> <li>• Proof of payment of expenses (copy of cancelled checks, credit card statements)</li> <li>• Documentation of amount paid by insurance</li> </ul>

\* The Financial Aid Office may request additional information if the documentation submitted is not sufficient.

