

2024-2025 Special Conditions Form- Dependent

Student Last Name First No.	ame CID# or SSN
circumstances and/or expenses during an acade considerably from the information you provided of the financial situation meets one or more of the crequired documentation. Do not submit to our of the change of financial circumstance(s	father
 Mark all that apply and attach the required 1. □ a. Loss and/or reduction of income earned from work. □ b. Loss and/or reduction of benefit. ➤ Unemployment ➤ Worker's Compensation ➤ Disability ➤ Child Support 	*Required Documentation: • Letter from parent explaining circumstances. • Date of Change:/ • Copies of current pay stub(s). • Verification of receipt of unemployment benefits. • If loss of benefit submit documentation of cancellation or reduction. • Complete section B on reverse. • If completing after January 1, 2025, a copy of the 2024 federal income tax return and W-2 statements are required.
2. Separation/Divorce or Death of parent after completing the 2024-25 FAFSA.	*Required Documentation: • Letter from parent explaining circumstances. • Date of separation/divorce or death: / • Death: copy of Death Certificate • Divorce: copy of divorce decree • Separation: proof of separate residences (example: copy of utility, cell phone, telephone bill) • Complete section B on reverse.
3. Medical/Dental Expenses (medical or dental expenses not covered by insurance that exceed 10% of your total yearly income)	 *Required Documentation: Proof of payment of expenses (copy of cancelled checks, credit card statements) Documentation of amount paid by insurance

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

B. INCOME FOR JANUARY 1, 2024 to DECEMBER 31, 2024

Answer all areas, if "0" please indicate "0" or if not applicable indicate "N/A"

Source of Income	Amount Received to Date	Amount Estimated for Remaining Year	TOTAL
Father/Stepfather income earned from work (wages, salaries, tips, net business/farm income) Attach a copy of last pay stub(s). If completing	\$	\$	\$
after January 1, 2025 submit 2024 W-2 form(s).			
Mother/Stepmother income earned from work (wages, salaries, tips, net business/farm income) Attach a copy of last pay stub(s). If completing after January 1, 2025 submit 2024 W-2 form(s).	\$	\$	\$
Other taxable income (401K withdrawal, dividends, interest income, pensions, annuities, alimony, capital gains, severance pay, etc.), please specify:	\$	\$	\$
Unemployment Benefits *Attach a copy of benefit statement*	\$	\$	\$
Child Support received for 2024	\$	\$	\$
Worker's Compensation	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Disability Benefits	\$	\$	\$
Other Income Source(s)-specify:	\$	\$	\$

C. Family Size

Full Name	Relationship to Student	College Attending (if any)

D. Certification and Signatures

I certify that the information provided above is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this form. I understand if the form is incomplete it will be returned. Please make sure all sections have been completed and all required documentation is enclosed.

Student Signature	Date	Parent Signature	Date

Return to: 1 Academic Drive, Corning, NY 14830 ● Attn: Financial Aid ● Phone (607) 962-9875 Upload via our Secure Document Upload