



2024-2025 Special Conditions Form- Independent

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 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. **Please do not submit to our office before July 1, 2024.**

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

_____ Student _____ Spouse

A. 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"> ➤ Unemployment ➤ Worker's Compensation ➤ Disability ➤ Child Support 	<p>*Required Documentation:</p> <ul style="list-style-type: none"> • Letter 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. • <i>If completing after January 1, 2025 a copy of your 2024 federal income tax return and W-2 statements are required.</i>
<p>2. <input type="checkbox"/> Separation/Divorce or death after completing the 2024-25 FAFSA.</p>	<p>*Required Documentation:</p> <ul style="list-style-type: none"> • Letter explaining circumstances. • Date of separation/divorce: ____/____/____. • Divorce: copy of divorce decree • Death: copy of death certificate • Separation: proof of separate residences (example: copy of utility, cell phone, telephone bill etc.) • Complete section B on reverse.
<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>*Required Documentation:</p> <ul style="list-style-type: none"> • 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
Student income earned from work (wages, salaries, tips, net business/farm income) <i>Attach a copy of last pay stub(s). If completing after January 1, 2025 submit 2024 W-2 form(s).</i>	\$	\$	\$
Spouse income earned from work (wages, salaries, tips, net business/farm income) <i>Attach a copy of last pay stub(s). If completing after January 1, 2025 submit 2024 W-2 form(s).</i>	\$	\$	\$
Other taxable income (401K withdrawal, dividends, interest income, pensions, annuities, alimony, capital gains, severance pay, etc.), please specify:	\$	\$	\$
Unemployment Benefits <i>*Attach a copy of benefit statement*</i>	\$	\$	\$
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.

Student Signature _____ *Date* _____ *Spouse Signature (if applicable)* _____ *Date* _____

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