



2026-2027 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, 2026.**

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

_____ Mother/Stepmother _____ Father/Stepfather

Mark all that apply and attach the required documentation.

Circumstance	Required Documentation
1. <input type="checkbox"/> a. Loss and/or reduction of income earned from work. <input type="checkbox"/> b. Loss and/or reduction of benefit. <ul style="list-style-type: none"> ➤ Unemployment ➤ Worker's Compensation ➤ Disability ➤ Child Support 	*Required Documentation: <ul style="list-style-type: none"> • 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, 2027, a copy of the 2026 federal income tax return and W-2 statements are required.
2. <input type="checkbox"/> Separation/Divorce or Death of parent after completing the 2026-2027 FAFSA.	*Required Documentation: <ul style="list-style-type: none"> • 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. <input type="checkbox"/> Medical/Dental Expenses (medical or dental expenses not covered by insurance that exceed 10% of your total yearly income)	*Required Documentation: <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, 2026 to DECEMBER 31, 2026

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) <i>Attach a copy of last pay stub(s). If completing after January 1, 2027 submit 2026 W-2 form(s).</i>	\$	\$	\$
Mother/Stepmother 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, 2027 submit 2026 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 2026	\$	\$	\$
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

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