SUNY CORNING COMMUNITY COLLEGE

2020-2021 Special Conditions Form- Dependent

All students completing this Special Conditions Form will also need to complete the verification process. If you have not completed verification, you will need to complete and submit a signed copy of the Dependent Verification Form, a SIGNED copy of parents 2018 Federal Tax Return, and a SIGNED copy of student 2018 Federal Tax Return.

_____

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, 2020.**

The change of financial circumstance(s) applies to:

_____ Mother/Stepmother _____ Father/Stepfather

Mark all that apply and attach the required documentation.

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, 2021, a copy of the 2020 federal income tax return and W-2 statements are required.***
2. ❑ Separation/Divorce or Death of parent after completing the 2020-21 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, 2020 to DECEMBER 31, 2020

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, 2021 submit 2020 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, 2021 submit 2020 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 2020	$	$	$
Worker's Compensation	$	$	$
Veteran's Non-Education Benefits	$	$	$
Alimony/Spousal Support	$	$	$
Disability Benefits	$	$	$
Other Income Source(s)-specify:	$	$	$

Will your parent/stepparent pay **OUT** child support in 2020 for children not residing in the household?

❑No ❑ Yes $_____(total for year 2020) Name of Child(ren)_____

Name of Person to Whom You Paid Child Support _____

C. Household 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 turned in together.**

_____

Student Signature ***Date*** ***Parent Signature*** ***Date***

Return to: **1 Academic Drive, Corning, NY 14830 ● Attn: Financial Aid ● (607) 962-9875 ● Fax (607) 962-9019**
Upload via our Secure Document Upload