

JEFFERSON COMMUNITY COLLEGE

2024-25 Application for Special Circumstances

If you or your family's financial situation has changed since 2022, please use this form to document any special circumstances you may have. The Jefferson Community College Financial Aid Office will review this form to determine if a change in your financial aid needs to be made. Our office will notify you of our decision. **Please note:** The Financial Office's authority to make changes is limited. We also reserve the right to deny an appeal for special consideration and/or request additional documentation based on the information provided on this form. Application should be submitted a minimum of 8 weeks before the semester begins. The student must file the 2024-2025 Free Application for Federal Student Aid (FAFSA) before submitting this application for consideration.

Student's Name _____

Student ID: J _____ Date of Application _____

PART 1: You are applying for Special circumstances due to one of the following reasons. Please check the following circumstance(s), which best describe your family's financial situation. Indicate the date when the change occurred and **provide supporting documentation**. Also, in numbers 1, 2, or 4, designate whose situation has changed (i.e., father, mother, self, or spouse).

Date of change: _____

- 1) Unemployment or change in employment (Whom: _____)
- 2) Death of parent or spouse. (Whom: _____)
- 3) Divorce/separation. (Provide earlier date: _____)
- 4) Disability of parent or student/spouse. (Whom: _____)
- 5) One time income benefit (What is the one time benefit you wish to have excluded? _____)
- 6) Medical Expenses. Please list: _____
- 7) Other. Please explain: _____

Before an adjustment can be made to your status you must provide complete information regarding your financial estimates for the period January 1, 2024 to December 31, 2024 on the reverse side of this form.

Dependent Students: Provide financial estimates for yourself and your parents. If your parents are separated or divorced give only information of the custodial parent. If the loss of income was due to the death of your parent, give only information regarding your surviving parent.

Independent Students: Provide financial estimates for you and your spouse. If you are divorced or separated, give only your information. If the loss of income was due to the death of your spouse, provide only your information in the estimates.

Please complete the income questions and the certification on the reverse side and attach appropriate documentation. This form may be returned to you, or additional information requested if you do not provide detailed information.

Please return completed form, 2023 Federal tax returns and W-2 forms for all individuals (parent(s), self, and/or spouse), the 2024-25 Verification Worksheet and other supporting documentation to:

Jefferson Community College
Enrollment Services
1220 Coffeen Street
Watertown, New York 13601
or
financialservices@sunyjefferson.edu

Part II: Please estimate the expected income between January 1, 2024 and December 31, 2024.

ANTICIPATED INCOME FOR Jan – Dec 2024	<u>FATHER</u>	<u>MOTHER</u>	<u>STUDENT</u>	<u>SPOUSE</u>
Wages, salaries, tips (including disability PaymentsAnd any income from work)				
Interest/dividend income				
Unemployment Compensation				
Pension				
Alimony				
Taxable Social Security Income				
Untaxed Social Security Income				
Other Taxable Income, please specify:				
AFDC/TANF or SNAP				
Child Support Received				
Worker’s Compensation				
Disability Benefits				
Veteran’s Non-education Benefits				
Other untaxed income, please specify:				

Estimate as closely as you can the total amount expected to be received from each source in 2024. Give annual amounts only. **NOTE: If income will not be received in 2024 from any of the sources listed, please enter a zero.**

Please provide a detailed explanation below, of the changes that have occurred and what your current situation is. Attach a separate sheet of paper if needed:

PART III: CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal income tax return. I also realize that if I do not give proof when asked, the student’s financial aid may not be processed.

Student’s Signature _____ Date: _____

Spouse’s Signature _____ Date: _____

Parent’s Signature _____ Date: _____

Please Note: Dependent students must have a parental signature.
Independent students must have spouse’s signature if married.

SPECIAL CONDITIONS 2024-2025

REASON

1. Unemployment or Change in Employment
2. Separation or Divorce (must be separated for at least 3 months)
3. Medical Expenses
4. One Time Income Benefit
5. Death of a Parent or Spouse
6. Disability
7. Other

REQUIRED DOCUMENTATION

- Unemployment Benefits Statement.
- Most recent or final pay stub(s) for each job
- Legal separation or divorce paper **or** a document (lease, utility bill, etc.) showing separate residence.
- Proper documentation of expenses (hospital invoices, doctors bills, etc.) along with a signed summary of all expenses paid for by the student (or parents)
- Signed letter explaining the benefit and what the income was used for.
- Obituary or any related document.
- Physician's letter indicating the date and the extent of the disability and proof of any disability benefits received.
- Supporting documentation.

In order to be evaluated for Special Conditions, the following verification items must be submitted in addition to the required documentation listed above.

- Student/Spouse and/or Parents 2023 Federal Tax Return or IRS Tax Return Transcript*
- Student/Spouse and/or Parents 2023 W2's (wage & earnings statements)
- 2024-2025 Verification Worksheet

Please Note: Additional information may be requested by our office as needed.