

The Financial Aid Office at Suffolk County Community College recognizes that situations occur which may impede a student's or family's ability to meet educational expenses. If you, your spouse, or your parents' financial situation has changed significantly, and that change is not accurately reflected on your FAFSA application, you may submit this request with supporting documentation. This will allow us to determine whether your eligibility for financial aid can be recalculated. **Please read this form carefully and follow all instructions. Incomplete forms and missing information will result in processing delays. Requests take approximately three weeks to review and additional documentation may be requested.**

Student Name \_\_\_\_\_

SCCC ID \_\_\_\_\_

1. **Explain in a typed signed statement how your 2023-2024 FAFSA does not accurately reflect your current financial situation.** Include specific information with details that allow us to understand your particular circumstances.
2. **All requests must include a signed copy of the 2021 Federal Tax Return (or IRS tax transcript), W2's and a signed copy of the 2021 Federal Tax Return (or IRS tax transcript) as well as W2's for tax filers.** If you, or your parent (dependent students) did not file taxes in 2021 or 2022, this information should be included in your signed statement.
3. **Check the appropriate condition under which you are requesting a review of special circumstances.** Each scenario describes the supporting documentation required and this must be included for your request to be considered.

- A. Loss or reduction of income** –  Student  spouse or  parent(s) earned money in 2021 and have since experienced a loss or reduction of income. To qualify, documentation must be provided verifying that the person's employment status has changed. Please indicate the date of the change and the reason below:

**Effective date of income change:** \_\_\_\_\_

- Employment termination\*\*       Retirement       Disability       Job change  
 Reduction in work hours\*\*

**\*\*Note: If the loss/reduction of income is due to employment termination or work hour reduction the family must wait eight weeks from the effective date before submitting this form. Important note to business owners:** If you are expecting a loss of income for 2023, please note that due to the unpredictable nature of business income, we cannot make a final decision on an appeal of this nature until the 2023 federal income tax return transcript is available for verifying income.

- Documentation:  Letter from employer stating termination date  
 Proof of Unemployment Insurance Benefits (indicate in statement if no benefits were received)  
 Documentation of nontaxable income (i.e. pension, worker's comp, etc.)  
 Most recent pay stubs (up to eight weeks)

- B. Loss of untaxed income or benefit** –  Student  spouse or  parent(s) have lost some type of untaxed income benefit (i.e, child support, disability, etc.).

Documentation:  Letter or statement from agency confirming loss of benefit and actual amount received for time period indicated on page 2 of this form.

- C. Divorce or separation** – You or your parents separated or divorced after filing your 2023-2024 FAFSA.

Documentation:  Copy of Divorce Decree or Separation Documentation  
 Proof of separate residences (lease agreement, utility bills, etc.)  
 Included in signed statement if child support is received, the amount and frequency

- D. Death of parent or spouse** – A parent or spouse has died in 2021 or thereafter.

Documentation:  Copy of Death Certificate

- E. Healthcare and dental expenses** – Attach receipts for 2021 healthcare expenses you paid out of pocket, plus the Explanation of Benefit (EOB) from the insurance company.

- F. One-time distribution from retirement funds due to economic hardship** – Attach 1099-R form/s and Include in signed statement details as to how these funds were utilized.

- G. Other significant change in financial situation** – Student, spouse, or parent(s) have experienced a change that did not result from one of the above listed conditions.

Name \_\_\_\_\_

SCCC ID \_\_\_\_\_

**2. Estimated Income**

The 2023-2024 FAFSA application used income information from 2021. You are completing this request because the 2021 income situation does not accurately reflect your current and/or projected income for the 2023-2024 academic year. Based on the change(s) in your financial circumstances and when those changes occurred, please indicate which time period would best describe your income situation during the academic year. For example, your parent may have changed jobs in 2022 and is still currently employed in that position, the appropriate selection would be 1/1/22 to 12/31/22.

1/1/2022 – 12/31/2022

(Attach signed 2022 federal taxes & W2's)

1/1/2023 – 12/31/2023

If using this time period, projection must be completed below. Month 1 is January 2023.

7/1/2023 – 6/30/2024

If using this time period, projection must be completed below. Month 1 is July 2023.

Gross Income From:	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Employment (attach pay stubs)												
by father/step-father												
by mother/step-mother												
by student												
by student's spouse												
Unemployment Benefits												
Recipient Name												
Severance Package/ Retirement Benefits												
Recipient Name												
Disability/Worker's Compensation												
Recipient Name												
Alimony/Spousal Support												
Child support received for all children												
Other Income:												
Other Income:												

**3. Certification**

We have completed all sections of this form and the information contained herein is true and complete to the best of our knowledge. We also understand that if our financial situation changes during the academic year we will notify the appropriate financial aid office immediately.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:** ALL sections of this form must be completed and the required documentation must be attached. **This request will be held until ALL the required information AND documentation is received.**

**WARNING:** If you purposely provide false or misleading information, you may be fined up to \$20,000, sent to prison or both.

# Request Submission Checklist

Please review the request form carefully to ensure you have included all required information. Missing information on the form and/or supporting documentation will result in delays in processing your request. Please use this checklist to ensure you have included the following:

- A signed statement thoroughly explaining the change in financial circumstances.
- Documentation that supports the change in financial circumstances. Specific documentation requirements are noted on page 1 under each lettered category.

Note: If your request is based on separation or divorce, Suffolk County Community College requires a minimum of two forms of proof of separate residences.

- The projection of income section on page 2 is complete. Do not leave any spaces blank. Indicate \$0 if you do not receive or do not expect to receive a particular source.
- A signed copy of the student's (and spouse if married) 2021 Federal Tax Return and W-2 forms.
- A signed copy of the parents' (and spouse if married) 2021 Federal Tax Return and W-2 forms.

Please return this completed form along with the required documentation to your home campus financial aid office.

**Central Administration**  
533 College Rd.  
Selden, NY 11784-2899  
P (631) 451-4108  
F (631) 451-4672  
[financialaid@sunysuffolk.edu](mailto:financialaid@sunysuffolk.edu)

**Ammerman Campus**  
533 College Rd.  
Selden, NY 11784-2899  
P (631) 451-4072  
F (631) 451-4640  
[faidamr@sunysuffolk.edu](mailto:faidamr@sunysuffolk.edu)

**Michael J. Grant Campus**  
Crooked Hill Rd.  
Brentwood, NY 11717-1092  
P (631) 851-6712  
F (631) 851-6814  
[faidwest@sunysuffolk.edu](mailto:faidwest@sunysuffolk.edu)

**Eastern Campus**  
121 Speonk-Riverhead Rd.  
Riverhead, NY 11901-3499  
P (631) 548-2525  
F (631) 548-3651  
[faideast@sunysuffolk.edu](mailto:faideast@sunysuffolk.edu)