JEFFERSON COMMUNITY COLLEGE

2021-2022 SPECIAL CONDITIONS APPLICATION

If you or your family's financial situation has changed since 2019, please use this form to document any special conditions 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 2021-2022 Free Application for Federal Student Aid (FAFSA) before submitting this application for consideration.

ent's Name	
ent ID: J Da	ate of Application
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umstance(s), which best describe your family's financi	to one of the following reasons. Please check the following ial situation. Indicate the date when the change occurred and 1, 2, or 4, designate whose situation has changed (i.e., father,
e of change:	
Unemployment or change in employment (Whom: _)
Death of parent or spouse. (Whom:)
Divorce/separation. (Provide earlier date:)
Disability of parent or student/spouse. (Whom:)
One time income benefit (What is the one time benefit	fit you wish to have excluded?)
Medical Expenses. Please list:	<u> </u>
Other. Please explain:	
er ** RT un vic	******************************** 1: You are applying for a Special Condition due astance(s), which best describe your family's financing de supporting documentation. Also, in numbers 1 r, self, or spouse). Of change: Unemployment or change in employment (Whom: Death of parent or spouse. (Whom: Divorce/separation. (Provide earlier date: Disability of parent or student/spouse. (Whom: One time income benefit (What is the one time benefit Medical Expenses. Please list:

Before an adjustment can be made to your status you must provide complete information regarding your financial estimates for the period January 1, 2021 to December 31, 2021 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 or 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, 2019 Federal tax returns and W-2 forms for all individuals (parent(s), self, and/or spouse), the 2021-22 Verification Worksheet and other supporting documentation to:

SUNY Jefferson Enrollment Services 1220 Coffeen Street Watertown, New York 13601

ANTICIPATED INCOME FOR Jan. – Dec. 2021	FATHER	MOTHER	STUDENT	SPOUSE
Wages, salaries, tips (including disability				
Payments and any income from work)				
Other taxable income:				
Interest/dividend income				
Unemployment compensation				
Pension				
Alimony				
Social Security income				
Other Taxable Income, specify:				
Intaxed Social Security income				
AFDC/ADC or TANF				
Child Support received				
Vorker's Compensation				
Disability Benefits				
Veteran's Non-education Benefits				
N/1 / 1' 1 'P				
iner untaxed income, please specify:				
Other untaxed income, please specify: Estimate as closely as you can the total amount expending. NOTE: If income will not be received in 20. Please provide a detailed explanation below, or the state of the state	21 from any of the changes t	he sources listed	, please enter a	zero.
Estimate as closely as you can the total amount experience. NOTE: If income will not be received in 20.	21 from any of the changes t	he sources listed	, please enter a	zero.
Estimate as closely as you can the total amount expending. NOTE: If income will not be received in 20. Please provide a detailed explanation below, or	21 from any of the changes t	he sources listed	, please enter a	zero.
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Estimate as closely as you can the total amount expending. NOTE: If income will not be received in 20. Please provide a detailed explanation below, or	omplete to the bat I have given o	hat have occur est of my known	red and what y	your current by an author
Estimate as closely as you can the total amount experionly. NOTE: If income will not be received in 20. Please provide a detailed explanation below, of truation is. Attach a separate sheet of paper PART III: CERTIFICATION All of the information on this form is true and conficial, I agree to give proof of the information the copy of my federal income tax return. I also rea	of the changes to the change that I have given changes that if I do not be changed to the change that if I do not be changed to the change that if I do not be changed to the change that if I do not be changed to the change that if I do not be changed to the change that if I do not be changed to the change that if I do not be changed to the change that if I do not be changed to the change that I do not be changed to the change that I have given the change that	hat have occur hat of my know on this form. I r	red and what y	by an author
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Independent students must have spouse's signature if married.

SPECIAL CONDITIONS 2021-2022

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 pay stub.
- Legal separation or divorce paper <u>or</u> 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.
- 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 2019 Federal Tax Return or IRS Tax Return Transcript*
- Student/Spouse and/or Parents 2019 W2's (wage & earnings statements)
- 2021-2022 Verification Worksheet

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