



Special Circumstance Request Due to COVID-19/HEERF III

Student Name: _____ Geneseo ID # _____

Required Documentation:

1. A detailed letter explaining how you and your family have been affected by the coronavirus pandemic including the approximate date the change occurred.
2. Signed copy of the **federal 1040 tax return and all W2s** (or copy of the federal tax return transcripts) from 2020. (If you have not filed for 2020, please submit your 2019 return and W2s.) *Tax return and W2 transcripts can be ordered at www.irs.gov.*
3. Copies of the most recent pay stub for each job worked for each parent in the household.
4. Please indicate the circumstances that best describes the change and provide additional documentation listed below, as necessary.

I/We have been impacted in the following ways (check all that apply):

_____ Loss of job (Please provide proof of job loss and/or unemployment benefits.)

_____ Reduction of work hours (Please provide proof of reduced hours.)

_____ Disruption or temporary closure of business (Please provide statement indicating type of business, how it was impacted, estimates of 2020 expected revenue and expenses and a copy of your most recent schedule C or K1.)

_____ Death of parent or spouse (Please provide copy of death certificate.)

_____ Additional expenses (Please provide receipts.)

_____ Other - please explain: _____

Additional information may be requested. Please indicate the best way to reach you:

Parent Name: _____ Email: _____

Phone: _____ Other: _____

(OVER)

1. Estimated Income Statement

Instructions: Provide ANNUAL estimates of income for 2021 from all sources listed on this page. To ensure timely processing, use "0," if no income from that source.

a. Dependent Student Estimated Income: Complete ONLY if student had over \$6570 AGI in the prior tax year.

Work earnings (W2s): \$ _____ Interest and dividend income: \$ _____
Other Income: \$ _____ Source(s): _____

TOTAL Estimated Income: _____

b. Parents/Custodial Parent Household OR Independent Student (& Spouse) Estimated Income:

Estimated Taxable Wages for 2021

Work earnings (W2s):
Parent 1 (Father/Mother/Stepparent) or Independent Student: \$ _____
Parent 2 (Father/Mother/Stepparent) or Student's Spouse: \$ _____

Estimated Taxable 2021 (Other) Income:

Interest and dividend income \$ _____
Alimony \$ _____
Business/Farm net income \$ _____
Capital gains (losses) \$ _____
Taxable monthly IRA/Pension benefits \$ _____
IRA/Pension withdrawals (lump sum) \$ _____
Unemployment compensation \$ _____
Taxable social security benefits \$ _____
Other (rental, S Corp, royalties, etc.) \$ _____
TOTAL TAXABLE INCOME \$ _____

Estimated Non-taxable 2021 Income:

Contributions to retirement plans
(e.g. 401K, 403B, 457, IRA, SEP, SIMPLE) \$ _____
Child support received \$ _____
Untaxed IRA/Pension benefits \$ _____
Workers compensation \$ _____
Disability benefits (non SSI/SSD) \$ _____
Tax exempt interest income \$ _____
Living allowances for clergy or
military members \$ _____
Other untaxed income \$ _____
TOTAL UNTAXED INCOME \$ _____

2. Certification: To be completed by person(s) requesting special circumstance consideration

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the SUNY Geneseo Financial Aid Office of any error or omission in the above information, or of any further circumstances which affect the accuracy of the provided information. I understand that failure to comply with this agreement will suspend the appeal review.

Student Signature

Date

Parent Signature

Date