



Special Circumstance Request Due to COVID-19

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 2019. (If you have not filed for 2019, please submit your 2018 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: _____

I/We are requesting re-evaluation for:

____ 2019-2020 (Your 2019-20 FAFSA must be filed.)

____ 2020-2021 (Your 2020-21 FAFSA must be filed.)

FAFSAs that are selected for federal verification must be verified by the Office of Financial Aid before we can process a Special Condition Request.

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

Parent Name: _____ Email: _____

Phone: _____ Other: _____

(OVER)

1. Estimated Income Statement

(If your income is not expected to change but you have additional expenses, skip to section 2.)

Instructions: Provide ANNUAL estimates of income for 2020 from all sources listed on this page. To ensure timely processing, use "0," if no income from that source.

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: _____

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

Estimated Taxable Wages for 2020

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

Estimated Taxable 2020 (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 2020 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. Estimated Expenses Due to COVID-19

Please list the out-of-pocket expenses incurred due to the pandemic or stay at home order. This may include out-of-pocket medical expenses, technology expenses, transportation or moving expenses.

<u>Type of Expense</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

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