JEFFERSON COMMUNITY COLLEGE

2020-2021 SPECIAL CONDITIONS APPLICATION

If you or your family's financial situation has changed since 2018, 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 2020-2021 Free Application for Federal Student Aid (FAFSA) before submitting this application for consideration.

Student's	Name
Student II	D: J Date of Application
*****	*************************************
circumsta provide s mother, s	You are applying for a Special Condition due to one of the following reasons. Please check the following nce(s), which best describe your family's financial situation. Indicate the date when the change occurred and supporting documentation. Also, in numbers 1, 2, or 4, designate whose situation has changed (i.e., father elf, or spouse). hange:
1)	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 you wish to have excluded?)
	Medical Expenses. Please list:
	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, 2020 to December 31, 2020 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 (see attached). This form may be returned to you if you do not provide detailed information.

When completed please return this form, 2018 Federal tax returns and W-2 forms for all individuals (parent(s), self, and/or spouse) and the 2020-21 Verification Worksheet to:

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

ANTICIPATED INCOME FOR Jan. – Dec. 2020	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:				
Untaxed Social Security income				
AFDC/ADC or TANF				
Child Support received				
Worker's Compensation				
Disability Benefits				
Veteran's Non-education Benefits				
Other untaxed income, please specify:				
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Estimate as closely as you can the total amount experionly. NOTE: If income will not be received in 2022	20 from any of the changes t	ne sources listed	, please enter a	zero.
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Independent students must have spouse's signature if married.

SPECIAL CONDITIONS 2020-2021

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 2018 Federal Tax Return or IRS Tax Return Transcript*
- Student/Spouse and/or Parents 2018 W2's (wage & earnings statements)
- 2020-2021 Verification Worksheet