

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

**SUNY WESTCHESTER COMMUNITY COLLEGE**  
FINANCIAL AID SPECIAL CIRCUMSTANCES APPEAL OPPORTUNITY  
2025-2026 Award Year

If you or your family experienced a significant income reduction since 2020, you may submit this form to determine if you are eligible for additional federal aid. Please include a 2025-26 Verification Worksheet, a clear explanation, and supporting documentation.

1. Briefly describe your circumstances below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please check the box that applies to your situation:

- Unemployment or change in employment  
( ) Student/Spouse      ( ) Parent  
Date of occurrence: \_\_\_\_\_  
Submit last cumulative pay stub, a letter from the employer (termination, lay off, etc.) and approval of unemployment benefits letter.
- Divorce/Separation-Provide earlier date  
Date of occurrence: \_\_\_\_\_  
Submit a copy of divorce decree or separation papers. If legal action has not been started, please provide documentation of separate residences (current utility bills from each household).
- Death of parent (if dependent) or spouse  
Date of occurrence: \_\_\_\_\_  
Submit a copy of the death certificate.
- Disability of the student, spouse, or parent  
Date of occurrence: \_\_\_\_\_  
Submit a letter from your physician, approval notice from worker's compensation, or approval notice from disability compensation.

3. Complete the form on the back estimating taxable and non-taxable income for 2024.

4. Sign this certification.

**ESTIMATED 2024 INCOME**

*\*IF SUBMITTING AFTER NOVEMBER 1<sup>ST</sup>, DO NOT ESTIMATE 2024 INCOME. PLEASE PROVIDE YOUR 2023 TAX RETURN INSTEAD.\**

<b>Annual Taxable Income</b>	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
Wages, Salaries, Tips	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Dividends	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Distributions	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Business/Farm Income or Loss	\$	\$	\$	\$
Rental Income or Loss	\$	\$	\$	\$
Other Taxable Income	\$	\$	\$	\$

<b>Annual Untaxable Income</b>	<b>Student</b>	<b>Spouse</b>	<b>Parent 1</b>	<b>Parent 2</b>
Social Security Benefits				
Child Support				
AFDC/ADC/TANF				
Other Welfare Benefits				
Personal Contributions to a Retirement Account				
Other Untaxed Income				
<b>Total 2024 estimated income</b>				

Office Use Comments:

All the information on this form and attached documentation is true and complete to the best of my knowledge. **Failure to submit all required documentation will result in return of this request.**

Student: \_\_\_\_\_ Spouse: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BRING THIS COMPLETED COPY TO OUR FINANCIAL AID OFFICE AFTER JULY 1 2025, ALONG WITH A COPY OF YOUR 2023 TAX RETURNS AND ANY OF THE ABOVE DOCUMENTS REQUESTED. ANY REQUEST AFTER NOVEMBER 1<sup>ST</sup> MUST BE SUBMITTED WITH A 2024 TAX RETURN**