



Office of Financial Aid

112 College Road
Loch Sheldrake, NY 12759
Email: finaid@sunysullivan.edu
Fax: (845)434-0014

REQUEST FOR SPECIAL CONDITIONS 2021-2022

Student's Name: _____ Student ID#: _____

In order to review your request, check appropriate response.

Dependent Student Only

- Parent's Loss of employment for at least 10 weeks in 2020. Date job lost: _____
Attach last pay stub.
- Parent who earned money in 2020 has not earned money in 2021. Effective date: _____
Reason for unemployment: _____
- Parents separated or divorced. Effective date: _____
- Death. A parent who received income in 2020 has died. Attach copy of death certificate.
- Other: Explain _____

Attach documentation of 2020 and 2021 income and complete the Income Worksheet on the back of this sheet.

Parent's Signature _____ Date _____

Independent Student Only

- Loss of employment – you worked full time (at least 35 hours a week) for at least thirty weeks in 2019 but aren't working full time now. Effective date: _____
Reason for loss of employment: _____
- Spouse earned money in 2020 but has lost job for at least 10 weeks in 2021.
Effective date: _____ Attach last pay stub.
- Separation or divorce. Effective date: _____
- Death of spouse. Attach copy of death certificate.
- Other: Explain _____

Attach documentation of 2020 and 2021 income and complete the Income Worksheet on the back of this sheet.

Student's Signature _____ Date _____

() Medical/Dental Expenses

Student's whose family had excessive medical or dental expenses may have that taken into consideration. Documentation of 2020 medical and dental expenses not paid by insurance must be provided - 2020 Schedule A, itemized bill from doctors, dentists, hospitals, and so forth, indicating amount paid by insurance/patient is required.

SUNY Sullivan
 Financial Aid Office
 112 College Road
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 www.sunysullivan.edu

INCOME WORKSHEET for Special Conditions

Student's Name: _____ Student ID#: _____

Please provide a copy of both your 2019 and 2020 Federal Tax Returns, copy of W-2's, and the following information of your/your family's annual calendar year income and expenses for 2019.

Income for 2020

List all sources of income including in-kind gifts for housing or living assistance, etc. **Documentation of the 2021 income must be provided** – Social Security 1099, letter from Public Assistance showing total dollar amount received in 2020, notarized letters listing 2020 total amount for in-kind support or living assistance, etc.

Do you and/or your parent(s) receive any of the following?

- Gross Wage Amount earned to date for 2021 \$ _____
- Estimated future wages through December 31, 2021 \$ _____
- Support from family/friends: Yes No Amount per month: \$ _____
- Child Support: Yes No Amount per month: \$ _____
- Social Security: Yes No Amount per month: \$ _____
- Disability: Yes No Amount per month: \$ _____
- Food Stamps/WIC: Yes No Amount per month: \$ _____
- Medicaid: Yes No Amount per month: \$ _____
- Unemployment: Yes No Amount per month: \$ _____

Annual Expenses for 2021	Amount		
	Monthly	or	Yearly
1. Rent or mortgage payment	\$ _____		\$ _____
2. Utilities (gas, phone/cell phone, electric)	\$ _____		\$ _____
3. Insurance: Auto/Home/Renters	\$ _____		\$ _____
4. Food/Groceries	\$ _____		\$ _____
5. Clothing	\$ _____		\$ _____
6. Transportation	\$ _____		\$ _____
7. Medical and/or Dental	\$ _____		\$ _____
8. Other: _____	\$ _____		\$ _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____