



# Office of Financial Aid

112 College Road  
Loch Sheldrake, NY 12759  
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## REQUEST FOR SPECIAL CONDITIONS 2026-2027

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

In order to review your request, check appropriate response.

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**Dependent Student Only**

- Parent's Loss of employment for at least 10 weeks in 2025. Date job lost: \_\_\_\_\_  
Attach last pay stub.
- Parent who earned money in 2024 has not earned money in 2025. Effective date: \_\_\_\_\_  
Reason for unemployment: \_\_\_\_\_
- Parents separated or divorced. Effective date: \_\_\_\_\_
- Death. A parent who received income in 2025 has died. Attach copy of death certificate.
- Other: Explain \_\_\_\_\_

Attach documentation of 2024 and 2025 income and complete the Income Worksheet on the back of this sheet.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Independent Student Only**

- Loss of employment – you worked full time (at least 35 hours a week) for at least thirty weeks in 2024 but aren't working full time now. Effective date: \_\_\_\_\_  
Reason for loss of employment: \_\_\_\_\_
- Spouse earned money in 2024 but has lost job for at least 10 weeks in 2025.  
Effective date: \_\_\_\_\_ Attach last pay stub.
- Separation or divorce. Effective date: \_\_\_\_\_
- Death of spouse. Attach copy of death certificate.
- Other: Explain \_\_\_\_\_

Attach documentation of 2024 and 2025 income and complete the Income Worksheet on the back of this sheet.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**( ) Medical/Dental Expenses**

Student's whose family had excessive medical or dental expenses may have that taken into consideration. Documentation of 2024 medical and dental expenses not paid by insurance must be provided - 2024 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  
 Loch Sheldrake, NY 12759  
 www.sunysullivan.edu

**INCOME WORKSHEET for Special Conditions**

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Please provide a copy of both your 2024 and 2025 Federal Tax Returns, copy of W-2's, and the following information of your/your family's annual calendar year income and expenses for 2026.

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**Income for 2026**

List all sources of income including in-kind gifts for housing or living assistance, etc. **Documentation of the 2026 income must be provided** – Social Security 1099, letter from Public Assistance showing total dollar amount received in 2026, notarized letters listing 2026 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 2026 \$ \_\_\_\_\_  
 Estimated future wages through December 31,2026 \$ \_\_\_\_\_  
 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: \$ \_\_\_\_\_

<b>Annual Expenses for 2026</b>	<b>Amount</b>		
	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 \_\_\_\_\_