

Financial Aid Services

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Student Services Wing-Room 109

<http://bingfa.binghamton.edu>

2009-2010 SPECIAL CIRCUMSTANCES FORM

Print Student's Name _____

Binghamton ID# _____

Date of Birth _____

SECTION A: SPECIAL CIRCUMSTANCES FOR CONSIDERATION: Please review and indicate which Special Circumstance applies to you. Documentation listed as required but not submitted will cause a delay in our ability to review your request until every required document has been received.

SPECIAL CIRCUMSTANCE	FOR A DEPENDENT STUDENT	FOR AN INDEPENDENT STUDENT	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of Employment	Your parent(s) or your income earned in 2009 will be less than that earned in 2008.	Your (and/or your spouse's) income earned in 2009 will be less than that earned in 2008.	Complete signed copies of: <ul style="list-style-type: none"> 2008 Federal Tax Return, including all schedules W-2 Wage statements for parent(s)/student Last pay stub showing year-to-date earnings Termination notice from employer Benefit notice from employment office
<input type="checkbox"/> Other Loss of Income <ul style="list-style-type: none"> ➤ Alimony ➤ Child Support ➤ Retirement/Pension ➤ Social Security (taxed) ➤ Worker's Compensation 	Your parent(s) or you received benefits in 2008 which have ceased or been reduced in 2009.	You (and/or your spouse) received benefits in 2008 which have ceased or been reduced in 2009.	Complete signed copies of: <ul style="list-style-type: none"> 2008 Federal Tax Return, including all schedules W-2 Wage statements for parent(s)/student 2008 Benefit statement listing total amount received 2009 Benefit statement listing updated amount to receive and effective date
<input type="checkbox"/> Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2009.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/09.	Complete signed copies of: <ul style="list-style-type: none"> 2008 Federal Tax Return, including all schedules W-2 Wage statements for parent(s)/student Divorce decree or separation agreement or proof of separate addresses
<input type="checkbox"/> Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	Complete signed copies of: <ul style="list-style-type: none"> 2008 Federal Tax Return, including all schedules W-2 Wage statements for parent(s)/student Death certificate
<input type="checkbox"/> Medical/Dental Expense Check this circumstance if you paid medical expenses in excess of 11% of Adjusted Gross Income (AGI).	Your parent(s) or your medical expenses paid in excess of 11% of AGI in 2008.	Your (and your spouse's) medical expenses paid in excess of 11% of AGI in 2008.	Complete signed copies of: <ul style="list-style-type: none"> 2008 Federal Tax Return, including all schedules W-2 Wage statements for parent(s)/student Proof of medical bill payments Letter from insurance company showing medical expenses not covered.
<input type="checkbox"/> One Time Payment Received	Your parents received a one-time lump sum payment of monies in 2008	You (and your spouse) received a one-time lump sum payment of monies in 2008.	Complete signed copies of: <ul style="list-style-type: none"> 2008 Federal Tax Return, including all schedules W-2 Wage statements for parent(s)/student Documents detailing One Time Payment amount, source, reason.

SECTION B: EXPLANATION OF SPECIAL CIRCUMSTANCES: You must attach a written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation. Make sure to sign your written statement once completed.

SECTION C: PROJECTED INCOME AND BENEFITS FROM JANUARY 1, 2009 TO DECEMBER 31, 2009

SOURCE OF INCOME:	FATHER/ STEPFATHER	MOTHER/ STEPMOTHER	STUDENT	STUDENT'S SPOUSE
Wages, Tips, Salary	\$ _____	\$ _____	\$ _____	\$ _____
Interest and/or Dividend Income	\$ _____	\$ _____	\$ _____	\$ _____
Business/Farm Income	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Pensions and/or Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Severance Pay	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Benefits (taxable)	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Welfare Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL OF ALL INCOME:	_____	_____	_____	_____

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2008.

Medical/Dental Expenses in 2008	\$ _____	\$ _____	\$ _____	\$ _____
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COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR A ONE-TIME LUMP SUM PAYMENT RECEIVED IN 2008.

Amount of Lump Sum received in 2008	\$ _____	\$ _____	\$ _____	\$ _____
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SECTION D: STATEMENT OF CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change of the financial aid already offered. (All persons providing information must sign below.)

Student's signature

Date

Student's Spouse's signature (if applicable)

Date

Parent's signature (if student is dependent)

Date

HAVE YOU PROVIDED ALL OF THE FOLLOWING?

- Written Detailed Statement of circumstance**
- Tax returns, schedules, + W-2 Wage Statements**
- All Required Documentation as indicated**
- Appropriate Signatures on ALL forms**
- Student's Name and DOB on ALL forms**