



Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

When completing The Free Application for Federal Student Aid (FAFSA) for the 2024–2025 academic year, a family is asked to provide actual 2022 taxable and non-taxable income. A family who expects its 2024 income to be considerably less than what was reported on the FAFSA for 2022 should complete the form below and submit it to the SUNY Erie Office of Financial Aid along with the specified required documentation.

**Please include a signed, dated statement detailing the reason for the change in income.**

Special Condition Requests will not be reviewed until the required documentation is submitted in full.

Dependent Student: Must include documentation for both you and your parent(s).

Independent Student: Must include documentation for you and your spouse, if applicable.

Special Circumstance	Definition	Required Documentation
<input type="checkbox"/> Change in 2023 Income	2023 income was significantly less than 2022 income reported on the FAFSA	<ul style="list-style-type: none"> <li>Signed copy of 2022 AND 2023 Federal Tax Return, all W-2s and tax schedules</li> <li>2023 Untaxed Income section of this form</li> </ul>
<input type="checkbox"/> Change in 2024 Income	Projected 2024 income will be significantly less than 2022 due to termination or change in employment	<ul style="list-style-type: none"> <li>Signed copy of 2022 AND 2023 Federal Tax return, all W-2s and tax schedules</li> <li>Termination notice from employer</li> <li>Copy of last paystub with YTD earnings and unemployment benefits statement</li> <li>2023 Untaxed Income section from this form</li> <li>2024 Projected Income section of this form</li> </ul>
<input type="checkbox"/> Separation or Divorce	Divorce or separation of parents or spouse occurred since FAFSA filing	<ul style="list-style-type: none"> <li>Signed copy of 2022 AND 2023 Federal Tax return, all W-2s and tax schedules</li> <li>Divorce/separation agreement or proof of separate residences</li> <li>2023 Untaxed Income section of this form</li> </ul>
<input type="checkbox"/> Unexpected Life Event	Death of parent or spouse since FAFSA filing	<ul style="list-style-type: none"> <li>Copy of death certificate</li> <li>Signed copy of 2022 AND 2023 Federal Tax return, all W-2s and tax schedules</li> <li>Amount of death benefit received (if applicable)</li> </ul>
<input type="checkbox"/> Medical/Dental Expense	Paid out-of-pocket medical or dental expenses exceeding 11% of Adjusted Gross Income	<ul style="list-style-type: none"> <li>Signed copy of 2022 Federal Tax return, all W-2s and schedules</li> <li>2022 Schedule A</li> </ul>
<input type="checkbox"/> One-time Income	One-time lump sum payment received in 2022	<ul style="list-style-type: none"> <li>Signed 2022-1099R documenting source of income</li> <li>Signed copy of 2022 Federal Tax return, W-2s and all schedules</li> </ul>

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Last Name

First Name

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Student ID

2023 Untaxed Income				
Indicate "0" if none --- do not leave blank	Student	Parent 1	Parent 2	Student's Spouse
Child support received for all children. Do not include foster care or adoption payments.	\$	\$	\$	\$
Housing and food allowances paid to members of the military, clergy or others –include case payments and cash value of benefits.	\$	\$	\$	\$
Worker's Compensation and/or Disability. Do not include social security disability benefits.	\$	\$	\$	\$
Veteran non-education benefits (including disability, death pension, dependency and indemnity compensation (DIC), and/or VA Federal Work Study allowance).	\$	\$	\$	\$
Money received or paid on your behalf (e.g. bill paid) not reported elsewhere.	\$	\$	\$	\$
Other untaxed income not reported above (e.g. 529 Plan distribution other than custodial parent)	\$	\$	\$	\$

2024 Projected Income				
Source of Income	Student	Parent 1	Parent 2	Student's Spouse
Net Wages, tips	\$	\$	\$	\$
Net Rental / Business Income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Disability / SSI Benefits	\$	\$	\$	\$
Pension and / or annuity distribution	\$	\$	\$	\$
Child Support received	\$	\$	\$	\$
Alimony received	\$	\$	\$	\$
Other (specify): _____	\$	\$	\$	\$
Income Total:	\$	\$	\$	\$

### Statement of Certification

I certify that the information included is true and accurate to the best of my knowledge and is not falsely represented. I understand that the submission of this information does not release the student from any current or future obligations with Student Accounts. I also understand that this request does not guarantee approval and/or may not result in a change to financial aid eligibility.

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Student Signature

Date

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Student Spouse Signature (if applicable)

Date

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Parent Signature (if student is dependent)

Date