

When completing The Free Application for Federal Student Aid (FAFSA) for the 2026–2027 academic year, a household is asked to provide actual 2024 taxable and non-taxable income.

A household who expects its 2026 income to be considerably less than what was reported on the FAFSA for 2024 should complete the form below (both sides) and submit it to the SUNY Erie Office of Financial Aid along with all specified documentation required. At times, we have the right to request additional documentation.

Please note that:

- **The Financial Aid office is not responsible for making copies- all documentation should be copied by the student and ready to hand in.**
- **All Special Circumstances must include a signed, dated statement detailing the reason for the change in income.**
  - Dependent Student: Must include statement and documentation for both you and parent(s)
  - Independent Student: Must include statement and documentation for you and your spouse, if applicable
- **Special Circumstance decisions are Final. You may not appeal. Make sure to follow all instructions and hand in all required documentation.**

Special Circumstance	Definition	Required Documentation
Change in 2025 Income	2025 income was significantly less than 2024 income reported on the FAFSA	<ul style="list-style-type: none"> <li>• Signed copy of 2024 AND 2025 Federal Tax Return, all W-2s and tax schedules</li> <li>• 2025 Untaxed Income section of this form</li> </ul>
Change in 2026 Income	Projected 2026 income will be significantly less than 2024 due to termination or change in employment	<ul style="list-style-type: none"> <li>• Signed copy of 2024 AND 2025 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>• 2025 Untaxed Income section from this form</li> <li>• 2026 Projected Income section of this form</li> </ul>
Separation or Divorce	Divorce or separation of parents or spouse occurred since FAFSA filing	<ul style="list-style-type: none"> <li>• Signed copy of 2024 AND 2025 Federal Tax return, all W-2s and tax schedules</li> <li>• Divorce/separation agreement or proof of separate residences</li> <li>• 2025 Untaxed Income section of this form</li> </ul>
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 2024 AND 2025 Federal Tax return, all W-2s and tax schedules</li> <li>• Amount of death benefit received (if applicable)</li> </ul>
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 2024 Federal Tax return, all W-2s and schedules</li> <li>• 2024 Schedule A</li> </ul>
One time Payment	One-time lump sum payment received in 2024	<ul style="list-style-type: none"> <li>• Signed 2024-1 099R documenting source of income</li> <li>• Signed copy of 2024 and 2025 Federal Tax return, W-2s and all schedules</li> </ul>

2025 Untaxed Income				
Indicate "0" if none --- do not leave blank	Student	Parent 1	Parent 2	Spouse (if applicable)
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)	\$	\$	\$	\$

2026 Projected Income				
Source of Income	Student	Parent 1	Parent 2	Spouse (If applicable)
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.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Student Spouse Signature (if applicable) Date

\_\_\_\_\_  
Parent Signature (if student is dependent) Date