

## Request for Consideration of Special Circumstances American Rescue Plan Guidance

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Finger Lakes Community College is aware that since filing their FAFSA some students and families might have experienced significant changes to their family's financial situation based on circumstances associated with COVID-19, such as loss of a job or income, or other circumstances that impact the students ability to afford their attendance at the institution. Since our financial aid staff members have professional discretion and authority to review circumstances that involve unforeseen financial hardships, financial aid recipients and applicants have an opportunity to receive a possible financial aid adjustment based upon our review of submitted documentation that supports the change in the student or family's financial situation.

Examples of Special Circumstances include:

- Significant loss or reduction of employment, income. Complete or temporary closure of business since 2019.
- Legal separation or divorce since 2019.
- Death of a parent or spouse since 2019.
- Substantial medical or dental expenses paid that were not covered by insurance.
- One-time lump sum payment resulting in higher than typical income.
- Loss of taxable/untaxable income (i.e., child support, social security, alimony, worker's compensation).

We cannot consider appeals regarding consumer indebtedness or discretionary personal expenses.

### Important Notes:

A review of special circumstances is for federal aid purposes only. New York State eligibility will not be changed.

Submission of this request does not guarantee a change to your financial aid eligibility, payment due dates, deadlines or holds on your Student Account.

Some students with an EFC higher than 8,000 may see no change in aid or simply a loan offer change – i.e., unsubsidized student loan changing to a subsidized loan.

Request decisions are at the discretion of the Financial Aid Office staff, based on guidance provided by the U.S. Department of Education. Requests are reviewed on a case-by-case basis with all decisions considered final.

Additional documentation may be required. Requests will be emailed to the student, parent, or both, depending on the circumstances.

### **Instructions:**

Complete all 3 parts of this request and submit together with applicable documentation. Prior to sending, please feel free to blackout any sensitive information, like social security or bank account numbers. Be sure to include your name and FLCC student ID on all pages of attachments.

**Mail:** Office of Financial Aid, 3325 Marvin Sands Drive, Canandaigua, NY 14424

**Secure Fax:** 585-394-0635

**In-Person:** Financial Aid Office- Main Campus, Student Wing 1145

Student Name:

FLCC ID:

**Part I: Required Documents for All Reviews:**

1. Statement or letter to the Financial Aid Office describing your circumstances that have changed since the submission of your FAFSA. The statement should reference who was impacted by the circumstances, when circumstances changed, and how.
2. Signed copies of your (your parents'/spouse's) 2019 Federal Tax Returns or official Tax Transcripts, wage statements (W2s), 1099 Forms, and related schedules.
3. Completed Estimated 2022 Household Income Worksheet

**Part II: Additional Required Documentation for Specific Circumstances:**

Instruction: Indicate which circumstance applies to your situation. Additional documentation must be provided.

<b>Significant Reduction or Loss of employment</b>	Date of employment change  Letter or other documentation from employer indicating severance and/or unemployment income. Or, letter or other documentation from employer indicating reduction of hours and/or wages.  Copy of most recent pay stub(s) for all jobs worked or still working after change date.
<b>Reduction/Loss of Untaxed Income or Untaxed Benefit</b>	Last date of receipt of benefit/income  Documentation indicating the reduction or loss of income (such as: court order, denial letter from benefits official.)
<b>Separation/divorce</b>	Date of separation/divorce  Documentation of separation/divorce or proof of separate addresses (utility bill, lease agreement, etc.)
<b>Death of student's spouse or parent</b>	Copy of death certificate and/or a copy of obituary, indicating relation between the student and deceased.
<b>One Time Payment Received</b>	Documentation of one-time payment or withdrawal from retirement account, inheritance, sale/liquidation of property/stock/etc., or other similar benefit.
<b>High Un-Reimbursed Medical Expenses</b>	Copies of medical bills that are not covered or not reimbursable by private or other health insurance, excluding co-pays and deductibles.
<b>Other</b>	Any documentation from a third-party indicating knowledge of the circumstances and impact on your financial situation. Contact our office if you need assistance with appropriate documentation.

Student Name:

FLCC ID:

**Part III: Estimated 2022 Household Income Worksheet**

Instruction: Provide estimates of annual income for 2022 from all sources listed on this page. Input NA or 0, if no income received from a source.

<b>Annual Taxable Income</b>	<b>Student</b>	<b>Student's Spouse</b>	<b>Parent 1/ Step-Parent</b>	<b>Parent 2/ Step-Parent</b>
Wages, Salaries, Tips	\$	\$	\$	\$
Interest/ Dividends	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Distributions/ Withdrawals	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Business/Farm Income or Loss	\$	\$	\$	\$
Rental Income or Loss	\$	\$	\$	\$
Other Taxable Income	\$	\$	\$	\$
<b>Annual Untaxable Income</b>	<b>Student</b>	<b>Student's Spouse</b>	<b>Parent 1/ Step-Parent</b>	<b>Parent 2/ Step-Parent</b>
Worker's Compensation	\$	\$	\$	\$
Child Support Received	\$	\$	\$	\$
Living Allowance for military or clergy	\$	\$	\$	\$
Disability Benefits (non SSI/SSD)	\$	\$	\$	\$
Personal Contributions to Retirement Accounts	\$	\$	\$	\$
Other Untaxed Income (assistance or gifts from family or others)	\$	\$	\$	\$
<b>Total 2021 Estimated Income</b>	\$	\$	\$	\$

Check here if you receive TANF, AFDC, ADC, or other federal or other untaxed state social service benefits.

*By signing below, I certify that the information provided on this form and attached documentation is true and complete to the best of my knowledge.*

Student Signature:

Date

Parent Signature, if applicable:

Date

Parent Email: