

REQUEST FOR RE-EVALUATION OF FEDERAL AID ELIGIBILITY

Complete this form if you and your spouse (if applicable) have experienced a reduction in income from 2022 to 2023 or 2024. The Financial Aid Office will review the 2022 and 2023 actual income as well as 2024 estimated income and supporting documentation to determine if you are eligible to receive additional federal student aid funds. (This re-evaluation does not affect the New York State TAP and APTS awards.) All special circumstance forms are reviewed on a case-by-case basis and you will be notified by email of any adjustments. **Please complete this form using ink.**

Electronic or typed signatures are not acceptable.

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Student's Last Name	First Name	M.I.	Student's ID Number

SPECIAL CIRCUMSTANCES (Please check your special condition)

Special Condition	Independent Student	Required Supporting Documentation	Other Documentation We May Request
<input type="checkbox"/> Involuntary Loss of Employment	Your (and/or your spouse's) income earned in 2023 and/or 2024 will be less than that earned in 2022.	Copy of last pay stub showing year-to-date earnings, termination notice from employer, and a benefit notice from unemployment office.	<i>In addition to this form completed in its entirety and all of your supporting documents, you will also need to provide the following to the SUNY Poly Financial Aid Office upon request:</i> <ul style="list-style-type: none"> On a separate sheet of paper write and <u>sign</u> a brief letter indicating the date your financial status changed and explain how it has changed A completed 2024-2025 Verification Worksheet IRS Tax Return Transcript* for student and spouse (call 1-800-908-9946 or go to www.irs.gov and click link "Get Your Tax Record" Copies of all W-2's* for student and spouse <small>* FA staff will advise what tax years needed</small>
<input type="checkbox"/> Loss of Taxable/Untaxed Income <ul style="list-style-type: none"> Child Support Social Security Worker's Compensation Alimony Other (explain in letter) 	You (and/or your spouse) received benefits in 2022 which have ceased or been reduced in 2023 and/or 2024.	Provide documentation from agency stating total amount received in 2022 and termination date or documentation of updated 2023 and/or 2024 amount.	
<input type="checkbox"/> Legal Separation or Divorce	You and your spouse have legally separated or divorced AFTER filing the FAFSA.	Provide a copy of the divorce decree or legal separation agreement.	
<input type="checkbox"/> Death of Spouse	Your spouse has died AFTER filing the FAFSA.	Provide a copy of the death certificate.	
<input type="checkbox"/> Other <ul style="list-style-type: none"> Medical/Dental Expenses (not covered by insurance, flex spending or HSA) Paid in calendar year 2023 and/or 2024 	Your (and your spouse's) medical expenses in 2023 and/or 2024 exceeded 11% of your total income.	Provide documentation of proof of payment of medical bills and letter from insurance company showing medical expenses not covered.	

All information will be kept confidential. The written statement you provide will be a determining factor in the special conditions review. Please provide specific details. All documents submitted become the property of SUNY Poly.

Certification: Each person signing below certifies that all of the information reported is complete and correct. The student and spouse whose information was reported on the FAFSA must sign and date.

Student's Signature	Date	Cell telephone number
Spouse's Signature (if applicable)	Date	Cell telephone number

Enter Anticipated Income for 01/01/2024 – 12/31/2024

Do not leave anything blank. If your answer is zero, enter "0".

Income Source	Required Documentation	Student's Income	Spouse's Income
Actual Earnings from Work	Letter(s) from prior employer(s), stating termination dates—on letterhead, signed and dated. A copy of your most recent pay stub(s) showing year-to-date earnings. Record total earnings from January 1 st to the date you stopped working.		
Estimated Earnings from Work	If you have begun a new job(s), provide a copy of your most recent pay stub(s) and estimate your total earnings for the remainder of the year.		
NET Business Income	Provide an estimate of your net income for the entire year. Provide documentation supporting any change. (You may be asked to provide the last 3 years of tax returns).		
Total Pension(s)	Statement from paying agency showing monthly amount received for the year.		
Unemployment Compensation	Unemployment recap showing amount of benefits received. Copy of statement from Unemployment Office showing weekly benefit rate and benefit period. Multiply by the number of weeks you will receive the benefit and record this as your total.		
Other Taxable Income (alimony, capital gains, etc.)	Note the source here and record the total amount you will receive for the year. Source: _____ Provide documentation supporting any change from previous year.		
Child Support Paid Out for 2022 and/or 2023	Note the total you will pay out for the year and provide documentation supporting any change from previous year.		
Untaxed Portions of Pensions (Exclude Rollovers)	Note the total you expect to receive for the year and provide documentation supporting any change from previous year.		
Child Support Received for 2022 and/or 2023	Note the total amount you expect to receive for the year and provide documentation supporting any change from previous year. Include those months for which you have already received payment.		
Worker's Compensation	Copy of benefit statement. Record total expected benefits for the year.		
Other Non-taxable Income	Note source here and record total year income you expect to receive. Source: _____ If there has been a change, provide a copy of a letter from the agency that provided benefits, detailing termination of benefits and copies of summaries of benefits.		
Social Security Benefits	Copy of notification of change in benefits. Estimate the total amount in benefits for the year. Include any totals received for the year prior to the benefit change. Be sure to include benefits for <u>all</u> family members.		
Supplemental Nutrition Assistance Program (SNAP)	Provide statement of benefits		

**Return this form and all accompanying documentation to: Email: finaid@sunypoly.edu Fax: (315) 792-7220
Financial Aid Office, SUNY Polytechnic Institute, 100 Seymour Road, Utica, NY 13502 Phone: (315) 792-7210**

FOR OFFICE USE ONLY: Prior Year Circumstance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, estimated income accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Circumstance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Circumstance Denied: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sent Letter: _____	Approved by: _____	Date: _____	Old EFC _____ New EFC _____