

Student Name: _____

Banner ID#: 800 _____

2022-23 – D02



**SUNY
BROCKPORT**

INDEPENDENT

APPEAL FOR CONSIDERATION FOR ADDITIONAL FEDERAL ASSISTANCE

DO NOT COMPLETE PRIOR TO JANUARY 1, 2022 (Unless condition #5 applies)

The Financial Aid Office at The College at Brockport realizes that students and their families experience unforeseen circumstances and/or expenses during an academic year. This form is designed to address your possible need for additional funding as a result of these expenses or unusual circumstances. **FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL RESULT IN THE RETURN OR DENIAL OF THE APPEAL.**

Filing deadline: March 15, 2023

SECTION A – Please check all conditions that apply and **submit all documentation for each condition after the change or reduction occurs.**

CONDITIONS

DOCUMENTATION REQUIRED

____ 1. Childcare Expenses* Do not include any amount that is paid by another source.	<ul style="list-style-type: none">• Letter from childcare provider stating fee per week <u>for each child</u> and the semester(s).• COMPLETE SECTION C (signatures)
____ 2. Child Support Loss or Reduction	<ul style="list-style-type: none">• Send notice of reduction/loss or court order and indicate totals received or to be received. Documentation should list applicable parties involved.• Total gross amount for 2021 \$ _____• Total gross amount for 2022 \$ _____• COMPLETE SECTION C (signatures)
____ 3. Income Reduction or Loss/Benefit Reduction (i.e., unemployment compensation, etc.) Appealing income for calendar year: ____ 2021 Income ____ 2022 Income (choose one)	<ul style="list-style-type: none">• Letter of explanation from student.• Letter from employer stating reason and date of status change or copy of benefit termination or reduction notice. (Include a benefit statement to date.)• Copies of last pay stub(s) for each job no longer held.• COMPLETE EXPECTED INCOME WORKSHEET – SECTION B.• COMPLETE SECTION C (signatures)
____ 4. Widowed, divorced or separated since applying for federal aid for 2022-23.	<ul style="list-style-type: none">• Letter of explanation. Include the date of the marital status change.• Copy of divorce decree/separation papers (if available) or copy of death certificate.• Copies of last pay stub(s) for each job held in year of separation. Do not include any income from spouse.• Complete Section B: Include any support payments received from divorced or separated spouse or life insurance payments for deceased spouse.• COMPLETE SECTION C (signatures)
____ 5. Other:* i.e., unreimbursed medical expenses, private educational expenses, etc.	<ul style="list-style-type: none">• Submit detailed letter explaining your specific situation with supporting documentation.• Check here if you are a Nursing student: _____• COMPLETE SECTION C (signatures)

* Denotes that only additional loan funds may possibly be awarded.

D02 (3/28/22)

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Income reduction/loss of benefit appeals pertaining to 2021: Include a **signed** copy of the student's 2021 Federal Tax Return including W2 form(s) and schedules A, C, E and F if applicable. **Report untaxed income received in 2021 under Section B, item number 1** and skip to the certification statement in Section C.

IF taxes have not been completed for 2021, please **complete Section B, item number 2**, circle 2021 and complete in its entirety providing total gross income from January 1, 2021– December 31, 2021. **Include copies of W2 form(s)** and complete the certification statement in Section C.

Income reduction/loss of benefit appeals pertaining to 2022: Complete Section B, item numbers 2 through 4 using student and spouses (if applicable) expected 2022 income; circle 2022, and complete the certification statement in Section C.

We cannot assume a blank line to mean "0" or "none". Place the appropriate answer on each line.

If filing this form for item number 4 in Section A, USE YOUR INCOME ONLY.

SECTION B: Only to be completed if you checked condition numbers 3 or 4 in Section A.

1. Non-taxable income and benefits for 2021 that do not appear on your federal tax return. \$ _____ (provide source) Examples include but are not limited to: child support, payments made to tax-deferred pensions and savings plans like 401(k) and 403(b) plans, Workers' Compensation, etc.
2. ^(circle one) **GROSS** Income from January 1, 2021/2022 to Today (___/___/___): **TOTALS (Gross)**
 - A. **Taxed income earned from work by:**
 - Student*Year-to-date Pay Stub = \$ _____ (Gross)
 - Spouse*Year-to-date Pay Stub = \$ _____ (Gross)
 - B. **Other taxable income received: Examples include but are not limited to:**
 - Unemployment compensation, taxed disability, business/farm income, alimony, insurance benefits paid to family, pensions and annuities. \$ _____ (provide source)
 - C. **Non-taxable income:** \$ _____
 - All other income and benefits that do not appear on your federal tax return – Examples include but are not limited to: child support, payments made to tax-deferred pensions and savings plans like 401(k) and 403(b) plans, Workers' Compensation, etc.

*** Do not include Social Security or Temporary Assistance for Needy Families (TANF) benefits.**
3. **Anticipated 2022 GROSS** Income from Today (___/___/___) to December 31, 2022:
 - A. **Taxed income earned from work by:**
 - Student \$ _____ (Gross)
 - Spouse \$ _____ (Gross)
 - B. **Other taxable income: Examples include but are not limited to:**
 - Unemployment compensation, taxed disability, business/farm income, alimony, insurance benefits paid to family. \$ _____ (provide source)
 - C. **Non-taxable income:** \$ _____
 - All other income and benefits that do not appear on your federal tax return – Examples include but are not limited to: child support, payments made to tax-deferred pensions and savings plans like 401(k) and 403(b) plans, Workers' Compensation, etc.

*** Do not include Social Security or Temporary Assistance for Needy Families (TANF) benefits.**
4. **Total Expected Gross Income for year 2022** (Section B2 + Section B3 = Total for Section B4). \$ _____

SECTION C: CERTIFICATION STATEMENT--The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify SUNY Brockport Financial Aid Office of any error or omission in the above information. I understand that failure to comply with this agreement could result in forfeiture of financial aid for the student.

Student Signature Date

Office Use Only: updated "Professional Judgement used" box on RNANA__ for situations 2-4

I: APPROVE DISAPPROVE FORM M27 WAS COMPLETED

Rational: _____

Advisor: _____