

**FIRST NAME:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

Use this form to address unusual circumstances or expenses during 2024-2025 that you were not able to report on FAFSA. **This review does not affect the New York State TAP award.**

1. **Explanation of Special Circumstances:** Write a signed statement explaining your situation. Please be specific, including pertinent details such as what has changed, why the change occurred, and the dates they happened. Precise details will give us a clearer understanding of your situation.
2. **Special Circumstances for Consideration:** Please check which special circumstance applies to you or your family. **Requests will not be processed without all required documentation.**

**REASON FOR REQUEST**

\_\_\_\_\_ Death of parent or spouse on \_\_\_\_\_  
Date

\*Attach copy of Death certificate or Notice.

\_\_\_\_\_ Termination of parent's/student employment on \_\_\_\_\_  
Date

\*Attach copy of termination notice, copy of last pay stub, and unemployment benefits statement.

\_\_\_\_\_ Retirement of parent(s) on \_\_\_\_\_  
Date

\*Attach documentation.

\_\_\_\_\_ Underemployment anticipated for 2024 tax year.

\*Attach copy of pay record and statement explaining change in employment status.

\_\_\_\_\_ Medical Expenses.

\*Provide documentation of expenses incurred during 2022 (not covered by insurance).

\_\_\_\_\_ Loss of taxed or untaxed income other than income earned from work.

\*Document amount and provide explanation for loss.

\_\_\_\_\_ *Other* \_\_\_\_\_

**Certification:** All of the information on this form is true to the best to my knowledge. I agree to provide proof of information. I also realize that if I do NOT provide proof, no change will be made to the current FAFSA.

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