

2026-2027 Special Condition Form

Student Name: _____ Student ID (U#): _____

When completing The Free Application for Federal Student Aid (FAFSA) for the 2026–2027 academic year, a family is asked to provide actual 2024 taxable and non-taxable income. A family who expects its 2026 income to be *considerably* less than what was reported on the FAFSA for 2024 should complete the form below and submit it to the SUNY Ulster Financial Aid Office along with the specified required documentation.

Special Condition Requests will not be reviewed until the required documentation is submitted in full.

Section A

I am filing a Special Condition Form as a result of:

<p>Loss of employment</p> <ul style="list-style-type: none"> <input type="radio"/> Parent <input type="radio"/> Student <input type="radio"/> Spouse <p>Last date of employment: _____</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • Letter of explanation from student/parent • Proof of unemployment income • If not collecting unemployment, copy of last paystub • Dependent/Independent Verification Worksheet • Copy of student/parent signed 2024 Federal tax return
<p>Reduction in income from work. <i>Note: Loss of overtime will not be considered</i></p> <ul style="list-style-type: none"> <input type="radio"/> Parent <input type="radio"/> Student <input type="radio"/> Spouse 	<p>Required documentation</p> <ul style="list-style-type: none"> • Letter of explanation from student/parent • Copy of most recent pay stub showing income • Dependent/Independent Verification Worksheet • Copy of student/parent signed 2024 Federal tax return
<p>Reduction in or loss of benefit (e.g., Unemployment, Worker’s Comp., SSI, Social Security, Child Support, TANF)</p> <ul style="list-style-type: none"> <input type="radio"/> Parent <input type="radio"/> Student <input type="radio"/> Spouse <p>Date of reduction or loss: _____</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • Letter of explanation from student/parent • Notice of cancellation of benefits/income • Dependent/Independent Verification Worksheet • Copy of student/parent signed 2024 Federal tax return
<p>Death of:</p> <ul style="list-style-type: none"> <input type="radio"/> Parent <input type="radio"/> Spouse <p>Date of death: _____</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • Letter of explanation from student/parent • Copy of death certificate • Dependent/Independent Verification Worksheet • Copy of student/parent signed 2024 Federal tax return
<p>One-time lump sum payment due to unforeseen circumstances</p> <p>Date of Payment: _____</p>	<p>Required documentation</p> <ul style="list-style-type: none"> • Letter of explanation from student/parent • Documentation appropriate to the situation • Dependent/Independent Verification Worksheet • Copy of student/parent signed 2024 Federal tax return

Section B

Please complete all applicable fields for individual(s) affected by the loss of income.

****Please note that your Special Condition Request will not be reviewed if this table is left blank!**

EXPECTED/ACTUAL INCOME FROM JAN 1, 2026 UNTIL DEC 31, 2026

Income Source	Mother	Father	Student	Spouse
Income earned from work	\$	\$	\$	\$
Unemployment benefits	\$	\$	\$	\$
Social Security benefits	\$	\$	\$	\$
TANF and/or AFDC	\$	\$	\$	\$
Child support received	\$	\$	\$	\$
Veteran's benefits	\$	\$	\$	\$
Severance pay	\$	\$	\$	\$
SSI benefits	\$	\$	\$	\$
Other income	\$	\$	\$	\$
Total 2026 income	\$	\$	\$	\$

Section C

The information provided on this form and supporting documents is true and complete to the best of my knowledge. I agree to provide additional documentation, if requested. **I understand that if at any time the estimates of the 2026 income that I submit on this form change, I will contact the Financial Aid Office as soon as possible regarding the change.** I understand that Special Condition Requests submitted without required supporting documentation and letters of explanation will not be considered. I also understand that submittal of a Special Condition Request Form does not guarantee that my financial aid will be adjusted.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Spouse Signature: _____ Date: _____