

Office of Financial Aid

6 Pennyfield Avenue • Throggs Neck, NY • 10465

Tel: 718-409-7200 • Fax: 718-409-7275 • Email: financialaid@sunymaritime.edu

2016-2017 Petition for Special Circumstances

STUDENT NAME _____

MARITIME ID# _____

TELEPHONE _____

EMAIL _____

Who should use this form?

Students whose families have experienced a change in their financial circumstances since they completed their financial aid application should complete the **front and back pages** of this form to help Student Financial Services determine whether additional financial assistance may be available.

Part 1: DESCRIPTION OF CIRCUMSTANCES. Please attach a separate sheet if necessary.

Part 2: DOCUMENTATION

Choose the item from the left-hand column below and on the back of this page that best fits your special circumstances and submit the documentation listed in the right column. Please include any additional documentation you think will be helpful to the financial aid office in considering your request or contact our office if you have any questions regarding the documentation requested.

YOUR SPECIAL CIRCUMSTANCES ARE BEST DESCRIBED AS:

YOU SHOULD SUBMIT THE FOLLOWING DOCUMENTS:

___ Family member's **change in employment**

___ Statement from previous employer indicating last date of employment and amount of benefits to be paid out (i.e. severance pay, vacation pay, etc.)

___ Final pay stub from previous employer and recent pay stub from new employer

___ Statement from new employer indicating start date & pay rate

___ Family member's **loss of employment** from an event such as layoff or illness

___ Statement from previous employer indicating last date of employment and amount of benefits to be paid out (i.e. severance pay, vacation pay, etc.)

___ Copy of the final pay stub from previous employer

___ Notice from Bureau of Unemployment, which indicates eligibility or ineligibility for unemployment compensation

___ Statement documenting disability benefits if applicable

___ Statement(s) documenting all other sources of family income in the current calendar year

___ Summary statement estimating your total family income for the current calendar year

____ One-time income in prior year that will not recur this year (such as inheritance, IRA distribution or rollover)

____ Prior year Federal tax return schedules that relate to the one-time income item

____ Documents from a company, bank, or agency that state the source of the income and confirm that the income is non-recurring

____ Statement of how that one-time income was used by your family (placed in savings, used to pay down debt)

____ Uninsured medical/dental expenses

____ Copies of charges and Insurance coverage statement

____ IRS Schedule A

____ Receipts of paid medical/dental expenses

____ Divorce/Separation

____ Divorce or Legal separation court statement

____ Proof of parent's separate residence (utility bill, lease) in addition to documentation from an objective third party acting in a professional capacity, i.e. attorney, counselor, etc.

____ Other request (please describe in **Part One**)

____ Contact the financial aid office with questions about appropriate documentation

____ Additional educational expenses to be included in Cost of Attendance to allow for increased loan eligibility*:

____ Rent costs

____ Lease copy

____ Canceled rent checks

____ Books/supplies costs

____ Receipts from purchases

____ Statement from instructor declaring necessity of supplies

____ Computer Purchase

____ Receipt from purchase

____ Day care for student's children

____ Letter from care provider

____ Receipts or canceled checks

*The Cost of Attendance is intended to reflect the realistic, reasonable, and moderate education-related costs of attending your program. Students may make discretionary spending choices that cannot be included in the Cost of Attendance. Please speak with a financial aid counselor before incurring a large expense if you plan to cover it with educational funding to make sure your Cost of Attendance can accommodate your needs.

Part 4: CERTIFICATION

I certify that the information provided in this petition is true and complete to the best of my knowledge. I understand that I am applying for an exception to the standard treatment of family income and expenses for financial assistance. I agree to provide additional documentation to support this petition at the request of Student Financial Services, and I realize that my petition will not be considered until all documentation is provided. I understand that the penalty for providing false or misleading information is a fine, a prison sentence, or both.

STUDENT'S SIGNATURE & DATE

PARENT or STUDENT'S SPOUSE SIGNATURE & DATE