



2023-2024 FINANCIAL AID CHANGE OF INCOME AND/OR BENEFITS

Student's Printed Name

C #

The Student Financial Services Office of Cayuga Community College realizes that students and their families may experience an unforeseen loss of income and/or benefits during an academic year. In order to be considered for an adjustment in your financial aid, complete and submit this form. Your request for consideration may require full verification of information reported on the student's FAFSA, such as reported 2021 income.

Certification Statement:

The information provided on this form is true and complete to the best of my knowledge. I have submitted a copy of the documents listed above and any other supporting documentation requested on this form.

Student Signature

Date

Parent Printed Name

Parent Signature (if applicable)

Date

Office Use Only: Appeal Approved _____ Appeal Denied _____

Action Taken: _____

SFSO Counselor: _____ Date: _____

Complete Information on Reverse Side

2023 – 2024 Financial Aid Change of Income and/or Benefits

Please check below the reason that best meets your condition for request:

1. **Widowed, divorced, or separated after completion of your 2023-2024 FAFSA. If parent or student was separated, divorced or widowed BEFORE the FAFSA was completed for 2023-2024, DO NOT COMPLETE THIS FORM. Rather, correct the FAFSA to reflect only the “custodial parent’s” (or student’s) 2021 income. Contact our office if you have questions.**

Submit:

- Detailed letter explaining the situation and provide supporting documentation. Include date of marital status change (month/year).
- Copy of divorce decree/separation papers or copy of death certificate
- Proof of separate addresses if parents separated (copy of lease-utility bills)

2. **Reduction in or loss of income or benefit**

- Loss or change of job effective date: _____
- Which person experienced a loss of/change in income? Father/Stepfather
 Mother/Stepmother Student/Spouse
- Reason for reduction/loss: Job change Reduced commissions or overtime
 New business Start-Up Retirement Termination by employer (provide letter)
 Other (please specify) _____
- Loss of other income (i.e. child support, unemployment, taxable social security benefits, etc.)
Date of change: _____
- Person receiving the income Parent(s) Student
- Description of income(s) affected _____

Submit:

- Detailed letter explaining the situation and provide supporting documentation

3. **Other special circumstances**

Submit:

- Detailed letter explaining the situation and provide supporting documentation