



Student Financial Services Office • 197 Franklin St. • Auburn, NY 13021
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2026-2027 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 2024 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

2026 – 2027 Financial Aid Change of Income and/or Benefits

Please check below the reason that best meets your condition for request. Contact our office if you have questions.

1. ____ Widowed, divorced, or separated after filing your 2024 federal income tax return.

Submit:

- Detailed letter explaining the situation, include date of marital status change (month/year)
- Copy of divorce decree/separation papers or copy of death certificate
- Proof of separate addresses if separated (copy of lease, utility bill)
- Copies of applicable tax documents (most recent federal income tax return and schedules, W2s, 1099s etc.)

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