



## 2024-2025 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 2022 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**

## 2024 – 2025 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 2024-2025 FAFSA. If parent or student was separated, divorced or widowed BEFORE the FAFSA was completed for 2024-2025, DO NOT COMPLETE THIS FORM. Rather, correct the FAFSA to reflect only the “custodial parent’s” (or student’s) 2022 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