
OSWEGO STATE UNIVERSITY OF NEW YORK

Financial Aid Office – 206 Culkin Hall – Oswego, NY 13126

Phone 315-312-2248 – Fax 315-312-3696 – E-mail financial.aid@oswego.edu

2021-2022 Dependent Student Request for Review Due to Change in Income

Student Info:

Last Name	First Name	ID#		
Street	City	State	Zip	
Phone #	Preferred Email			

This request may NOT be submitted before September 15, 2021

This form allows a dependent student to request a review of their financial aid eligibility due to a significant decrease in 2021 income from that which was reported for 2019. Requests will not be reviewed if it is determined that recalculation will not change the student's financial aid package. Reviews will not take precedence during periods of peak workload.

To request a review, the student's 2019 income must have exceeded \$5000. Attach documentation to prove the loss/change of income (recent paystubs, a letter(s) from employer, etc) or no review will be processed. In addition, one or more of the following conditions must be true (check all that apply):

- I worked while in high school and am unable to maintain 2019's level of employment while studying at SUNY Oswego.
- I am a new transfer student from _____ and am unable to maintain 2019's level of employment (excluding Federal Work Study) while here at Oswego.
- I am taking a course overload (18 hours or more per semester) that prohibits me from maintaining 2019's level of employment.
- I worked during the 2019 school year and am not able to do so in 2021 because:

- I worked during the summer of 2019 but was unable to do so in 2021 because:

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Please complete the back of this form and provide all documentation requested. Requests received without all the needed documentation will not be processed.

(OVER)

1. Indicate your earnings from January 1, 2021 through today's date. List all employers and dates of employment.

\$ _____ Employer: _____ Start Date: _____ End Date: _____
\$ _____ Employer: _____ Start Date: _____ End Date: _____
\$ _____ Employer: _____ Start Date: _____ End Date: _____

ATTACH your last paystub showing year to date earnings or a statement from your employer(s) to document the above.

1A. I also expect to earn \$ _____ between now and December 31, 2021. I am/expect to be working for:
_____ in _____, N.Y.

2. Indicate any additional income you received in 2021 and the source of income. Include any earnings "off the books" you did not include in question 1/1A. Also include interest income, unemployment, worker's compensation, payments from a state or federal agency, etc.

ATTACH appropriate documentation (ex. benefit statement from agency). Circle "Y" if the payment was taxable.

\$ _____	Source: _____	Taxable?	Y
\$ _____	Source: _____	Taxable?	Y
\$ _____	Source: _____	Taxable?	Y
\$ _____	Source: _____	Taxable?	Y

3. **ATTACH a signed copy of your 2019 federal income tax return.**

Certification:

This is my best and most accurate estimate of my 2021 income at this time. I have completed **both sides** of this form and **attached documentation** of my income as required. I understand that significant differences between my estimates and year end 2021 income may result in an adjustment to future eligibility or the denial of subsequent requests for special consideration.

Student Signature

Date