
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 Parental or Independent Student Request
for Review Due to Loss or Change of Income**

Student Info:

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

Parent or Spouse Info:

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

This form may not be filed after March 1, 2022

Parents of dependent students or independent students may use this form when their estimated 2021 income will be *significantly* lower than it was in 2019. Before this information is reviewed, the student's original eligibility must be determined. **You are required to attach documentation of your change of income including, but not limited to: letter(s) from employer, most recent pay stub, and a copy of the Federal 2019 tax return. If these documents are not attached, no review will be completed.**

Please provide a brief explanation of the reason for loss/change of income:

Voluntary termination of employment and routine yearly lay-offs will not be considered.

Complete the chart on the back of this form using estimated 2021 income information. Complete all fields in the chart, even if the answer is "0". Care should be taken to estimate 2021 taxable and untaxable income as accurately as possible, and be sure to include any lump sum benefits received.

Note: If changes are made to your financial aid package based on estimated income, the Financial Aid Office may request verification of 2021 income during the 2022 spring semester and may make revisions based on the accuracy of your estimates.

If you have already received a financial aid package, our office will make every effort to respond to your appeal as soon as possible. Please keep in mind that our resources are limited, and adjustments can only be made when there are extraordinary changes in the applicant's family's financial circumstances.

ESTIMATED 2021 INCOME	MOTHER/ STEPMOTHER	FATHER/ STEPFATHER	STUDENT	SPOUSE
TAXABLE Income	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX
Gross Wages, Salaries, Tips	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Dividends	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Distributions	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Business/Farm Income or Loss	\$	\$	\$	\$
Rental Income or Loss	\$	\$	\$	\$
Other Taxable income & source: (ex. Taxable portion of Social Security)	\$	\$	\$	\$
UNTAXABLE Income	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX
Child Support Received	\$	\$	\$	\$
Child Support Paid	\$	\$	\$	\$
Disability/Workers Compensation	\$	\$	\$	\$
Housing, food, living allowances Paid to clergy, military, etc.	\$	\$	\$	\$
Personal contributions To retirement accounts	\$	\$	\$	\$
Other Untaxed Income List Source:	\$	\$	\$	\$

CERTIFICATION STATEMENT: The information provided on this form is true and complete to the best of my knowledge. I have attached documentation to verify my change in employment. I agree to provide additional documentation if requested. I further agree to notify the SUNY Oswego Financial Aid Office of any change in the above information. I understand that failure to comply with this agreement could result in forfeiture of financial aid for the student.

Student Signature

Date

Spouse Signature (if applicable)

Date

Parent/Stepparent Signature (if applicable)

Date