
OSWEGO STATE UNIVERSITY OF NEW YORK

Financial Aid Office – 206 Culklin 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 Separation

Student Info:

Last Name First Name ID #

Street City State Zip

Phone # Preferred Email

Independent students or the parents of dependent students may use this form when their estimated income for 2021 will be *significantly* lower than it was in 2019. Before this information is reviewed, the student's original eligibility must be determined.

You have indicated that either you and your spouse (independent students), or your parents (dependent students) have separated since filing your 21-22 FAFSA. Please complete **BOTH SIDES** of this form, attach any available court documentation and proof of separate addresses, then return all documents including this form to the Financial Aid Office as soon as possible. Documentation of separate addresses may include phone bill, utility bill, lease, etc.

Dependent Students

Name of custodial parent _____ # in household: _____

Address of custodial parent _____

Name of non-custodial parent _____

Address of non-custodial parent _____

Date of Separation _____ (date separate residences were established)

Was a joint income tax return filed for 2019? _____ Yes _____ No

(If "yes" please attach a copy of the 2019 tax return and W-2's for the parents)

Independent Students

Name of spouse _____

Address of spouse _____

Date of Separation _____ (date separate residences were established)

Who will be Custodial Parent of any children? _____

Was a joint income tax return filed for 2019? _____ Yes _____ No

(If "yes" please attach a copy of the 2019 tax return and W-2's for self and spouse)

ESTIMATED 2021 INCOME FOR CUSTODIAL PARENT	MOTHER/ STEPMOTHER	FATHER/ STEPFATHER	STUDENT
TAXABLE Income	XXXXXXXX	XXXXXXXX	XXXXXXXX
Wages, Salaries, Tips	\$	\$	\$
Interest	\$	\$	\$
Dividends	\$	\$	\$
Unemployment	\$	\$	\$
Distributions	\$	\$	\$
Pensions	\$	\$	\$
Court ordered or agreed upon Alimony/Maintenance	\$	\$	\$
Business/Farm Income or Loss	\$	\$	\$
Rental Income or Loss	\$	\$	\$
All other taxable resources, including taxable portion of Social Security	\$	\$	\$
UNTAXABLE Income	XXXXXXXX	XXXXXXXX	XXXXXXXX
Court ordered or agreed upon Child Support Received	\$	\$	\$
Court ordered or agreed upon Child Support Paid	\$	\$	\$
Disability/Workers Compensation	\$	\$	\$
Housing, food, livng allowances paid to clergy, military or others	\$	\$	\$
Personal contributions to retirement accounts	\$	\$	\$
Other Untaxed Income and/or Maintenance income agreed upon List Source:	\$	\$	\$
Any financial arrangements for College expenses – court ordered or agreed upon	\$	\$	\$

CERTIFICATION STATEMENT: The information provided on this form is true and complete to the best of my knowledge. 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

Parent/Stepparent Signature (if applicable)

Date