



Office of Financial Aid  
 Dutchess Community College  
 Orcutt Student Services Center/ Room 104  
 (845) 431-8030/Fax (845) 431-8603  
 Email: [financial-aid@sunydutchess.edu](mailto:financial-aid@sunydutchess.edu)

## 2016-2017 EXTENUATING CIRCUMSTANCE FORM

Student Name: \_\_\_\_\_ I.D.#: A \_\_\_\_\_

When completing the Free Application for Federal Student Aid (FAFSA) for the 2016-2017 academic year, a family is asked to provide actual 2015 taxable and non-taxable income. A family who expects its 2016 income to be *considerably* less than was reported on the FAFSA for 2015 should complete the form below and submit to the DCC Office of Financial Aid along with **a letter of explanation and appropriate documentation that supports the extenuating circumstance. Evaluation of this application can take a minimum of 6-8 weeks from the time of submission.**

*Please note: Extenuating Circumstance Applications submitted without required supporting documentation and letters of explanation will not be considered. Submittal of an Extenuating Circumstance Application does not guarantee that the student's financial aid will be adjusted.*

### Section A I am filing an Extenuating Circumstance Application as a result of:

<b>Loss of Employment</b> <input type="radio"/> Parent <input type="radio"/> Student <input type="radio"/> Spouse	<b>Last date of Employment</b>  ____/____/____ MM DD YYYY	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Copy of last pay stub for each job held</li> <li>• Proof of unemployment income</li> <li>• Letter of termination</li> </ul>
<b>Substantial reduction in income from work</b> <i>Note: Loss of overtime will not be considered</i> <input type="radio"/> Parent <input type="radio"/> Student <input type="radio"/> Spouse		<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Copy of most recent pay stub showing income</li> </ul>
<b>Reduction in or loss of benefit</b> (e.g. Unemployment, Worker's Comp, Child Support) <input type="radio"/> Parent <input type="radio"/> Spouse <input type="radio"/> Spouse	____/____/____ MM DD YYYY <i>Date</i>	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Notice of cancellation of benefits/income</li> </ul>
<b>Death</b> <input type="radio"/> Parent <input type="radio"/> Spouse	<b>Date of Death</b>  ____/____/____ MM DD YYYY	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Copy of death certificate</li> </ul>
<b>Separation/Divorce</b> <input type="radio"/> Parent <input type="radio"/> Spouse	<b>Date of Sep/Div</b>  ____/____/____ MM DD YYYY	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Copy of legal separation</li> <li>• Copy of divorce degree</li> </ul>

<b>Medical Expenses</b> Excessive bills not covered by insurance	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Proof of payments</li> <li>• Letter of explanation from student/parent</li> </ul>
<b>Other circumstance not covered on this form</b> <hr/>	<b>Required documentation</b> <ul style="list-style-type: none"> <li>• Letter of explanation from student/parent</li> <li>• Any supporting documentation</li> </ul>

**Section B I must also submit:**

I have included photocopies of student/spouse/parents' 2015 IRS Tax Return Transcript OR if I did not file a tax return I have submitted the Statement of Non-Tax Filer  
 I have submitted photocopies of student/spouse/parents' 2015 W2 forms  
 I have submitted the 2016-2017 Request for Clarification: Household Size

**Section C Certification requesting extenuating circumstance consideration:**

The information provided on this form and supporting documents is true and complete to the best of my knowledge. I agree to provide additional documentation, if requested. **I understand that if at any time the estimates of the 2016 income that I submit on this form change, I will contact the Office of Financial Aid as soon as possible regarding the change.** I understand that Extenuating Circumstance forms submitted without required supporting documentation and letters of explanation will not be considered. I also understand that submittal of an Extenuating Circumstance Form does not guarantee that the financial aid will be adjusted.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form with supporting documentation to: Office of Financial Aid, Dutchess Community College, 53 Pendell Rd, Poughkeepsie, NY 12601**

**Also note: You must meet in person with a financial aid counselor to submit this form and all documentation. Please contact the Office for available times at 845.431.8030.**

**PLEASE NOTE: SUBMISSION DEADLINE FOR THIS APPLICATION AND ALL SUPPORTING DOCUMENTATION IS MAY 1, 2017. THIS DATE COVERS THE 2016-2017 ACADEMIC YEAR WHICH INCLUDES FALL 2016, SPRING 2017 & SUMMER 2017.**

Counselor Initials _____
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