If you have special circumstances which have resulted in a significant reduction of resources for the 2012 calendar year and will affect you and your family’s ability to contribute toward your educational expenses, please complete this form. All requests must be accompanied by appropriate documentation.

STUDENT’S NAME: ________________________________________

STUDENT’S CWID: ________________________________________

Permanent Address Phone

Please Note: You must file a 2012-2013 Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov before submitting this form.

If your FAFSA was selected for verification, all required documentation must also be completed. You can review any “Financial Aid Requirements” via your myMarist account by clicking the Student Financial Services tab.

The office will only consider reductions in income for the circumstances listed on the next page of this form. It is our policy not to consider a reduction in income for the following:

- Tuition paid for elementary/secondary private school
- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, other miscellaneous consumer item expenses)
- One year bonus incomes such as lottery or gambling winnings
- Reductions in overtime pay (this will be reflected on the following year’s aid applications)

If you are uncertain whether or not your situation may be considered for a review, please contact our office at (845) 575-3230

For Office Use Only:
Selected for Verification ☐ Verification Complete ☐

Continued on next page.
CHECK ALL SPECIAL CIRCUMSTANCES THAT APPLY:

□ Loss or significant change of employment due to termination, layoff, disability or company closing

□ Divorce or Separation

□ Death of a Parent or Spouse whose information is reported on the FAFSA

□ Loss of untaxed income (social security, pension, child support, etc.)

□ Non-reimbursed medical, dental and/or handicapped-related expenses

□ Other. Please Specify: ______________________________________________
   (Please include a signed letter explaining family’s circumstances)

Supporting documentation must be submitted regarding your circumstance

❖ If a loss or significant change in employment will affect your income in 2012, please provide documentation for each applicable item shown below:

• Copy of most recent pay stub showing new or changed salary

• Last pay stub from former position

• Unemployment Compensation Letter/Statement of unemployment benefits

• Letter of termination/severance or separation agreement

• Copy of disability award

Name of person experiencing a loss/change of income:

___________________________________________________________________________

When did this change take place?

___________________________________________________________________________

Date Expected to Return to Work, if applicable _____/_____/_____
<table>
<thead>
<tr>
<th>A. Income Received From Jan 2012 to Date</th>
<th>B. Estimated Income (Through Year End)</th>
<th>C. Total Income (A + B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries, compensation - Student and/or Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages, salaries, compensation - Father/Stepfather</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages, salaries, compensation - Mother/Stepmother</td>
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<tr>
<td>Severance Pay</td>
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<tr>
<td>Taxable Pension/Annuity withdrawals</td>
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<td></td>
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<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary contributions to retirement plans such as 401(K) or 403(B) plans (paid directly or withheld from earnings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRA, Keogh and/or SIMPLE contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Untaxed Portions of Social Security</td>
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<td></td>
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<tr>
<td>Worker’s Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Untaxed Pensions/Annuities</td>
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<tr>
<td>Child Support Received</td>
<td></td>
<td></td>
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<tr>
<td>Alimony/Spousal Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other taxable or untaxable income (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All information on this form and supporting documents is true and complete to the best of my knowledge. I further understand that submission of this information does not guarantee an adjustment to the student’s award or a change to the original financial aid decision.

Student’s Signature: ________________________________ Date: __________________

Parent’s Signature: ________________________________ Date: __________________

Please send supporting documentation and either fax or mail to:

Marist College
Office of Student Financial Services
3399 North Road
Poughkeepsie, NY 12601
Fax: 845-575-3099