



Student Name: _____

Student ID#: _____

**ARP FINANCIAL CONSIDERATION (HEERF III)
UNDERGRADUATE STUDENTS ONLY**

The Financial Aid Office at SUNY Downstate Health Sciences University realizes that students and their families experience unforeseen circumstances and/or expenses during COVID-19 for academic year 2021-2022. This form is designed to address your possible need for additional funding as a result of these expenses or unusual circumstances. **FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL RESULT IN THE RETURN OR DENIAL OF THE APPEAL.** Email completed form with documentation to financialaid@downstate.edu.

CONDITIONS (check one)

DOCUMENTATION REQUIRED

<input type="checkbox"/> Childcare Expenses - Do not include any amount that is paid by another source.	<ul style="list-style-type: none"> • Letter from childcare provider stating fee per week <u>for each child</u> and the semester(s).
<input type="checkbox"/> Income Reduction or Loss of employment – student or parent (For example: Unemployment Compensation, etc.)	<ul style="list-style-type: none"> • Letter of explanation from student. • Letter from employer stating reason and date of status change or copy of benefit termination or reduction notice. (Include a benefit statement to date.) • Copies of last pay stub(s) for each job no longer held. • Unemployment compensation (if any) • 2019 federal tax return and include W2(s)
<input type="checkbox"/> Budget adjustment for living expenses such as rent, utilities, transportation, books/supplies, etc.	<ul style="list-style-type: none"> • Copy of signed lease for your housing and copies of your most recent monthly utility bills. • Provide estimate of your transportation or copies of receipts. • Copy of receipt for books and supplies.
<input type="checkbox"/> OTHER – special circumstances (i.e. medical expenses, death of a parent/spouse, divorce or separation, etc.)	<ul style="list-style-type: none"> • Submit detailed letter explaining your specific situation with supporting documentation.

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 SUNY Downstate Health Sciences University's Financial Aid Office of any error or omission 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 _____

Office Use Only: updated budget on RBAABUD and comment on RHACOMM

APPROVE: Amount _____

DISAPPROVE

Staff initials: _____ Date: _____

Comments: