



Student Information

Last Name: _____ First Name: _____ UB Person Number: _____

Instructions

If you have experienced a loss of income, adjustments to your 2018-2019 FAFSA information may be possible. **If your current EFC is zero, you are not eligible for an Appeal for Extenuating Circumstances as adjustments to your FAFSA will not change your eligibility for need-based aid. This form only applies to federal aid. It cannot be used to change eligibility for state aid programs such as TAP, SUNY Tuition Credit, Excelsior, etc.**

Important! All applications MUST include the following. Incomplete appeals will not be considered.

1. A fully completed and signed Appeal for Extenuating Circumstances form. A reason for appeal must be selected.
2. [2016 Tax Return Transcript](#)
3. 2016 W-2 Earning statements
4. Additional documentation as listed below

Extenuating Circumstances	Description	Required Supporting Documentation
Loss of Employment	Job or benefits have been lost, or earnings are less in a new job. Only income reductions of a significant amount may affect the aid offer. Significant reductions are typically 25% or more of total income with a duration minimum of twelve weeks.	<ul style="list-style-type: none"> • Last pay stub showing year to date earnings • Termination notice from employer showing last date of employment. • Unemployment statement showing amount received, benefit beginning and end dates.
Loss of Untaxed Income	Loss of: <ul style="list-style-type: none"> • Child support • Alimony • Retirement/Pension • Social Security • Worker's compensation 	<ul style="list-style-type: none"> • Original 2016 benefit statement listing the total amount received • Revised benefit statement listing updated amount received and effective date. • Documentation of loss of support
Separation or Divorce Parties living in the same household will not be considered.	Separation or divorce AFTER filing the FAFSA, but no later than 12/31/2018.	<ul style="list-style-type: none"> • Divorce Decree or Separation Agreement • Proof of separate residences • Assets being assigned to you • Child Support or Alimony being received
Death of Parent or Spouse	Your spouse or parent died after filing the FAFSA.	<ul style="list-style-type: none"> • Copy of death certificate. • Documentation of expected survivor benefits (life insurance distributions, annuities, etc.)
Medical/ Dental Expenses Not Covered by Insurance	Out of pocket medical or dental expenses paid in 2016 (tax year) or 2018 (current year) beyond the amount already factored into the federal EFC formula. Costs paid by insurance or someone else cannot be counted.	<ul style="list-style-type: none"> • Copy of schedule A- Itemized deductions from your federal tax return OR proof of out of pocket medical, dental, or eye care payments. • Letter from insurance company showing medical and dental expenses not covered by insurance.
One-time taxable income used for life changing event	IRA, pension distribution, back-year social security, back-year child support, etc.	<ul style="list-style-type: none"> • Copy of statement showing payment received • Verification of use of funds. Payments toward consumer debt will not be considered. • Why income cannot be used for educational expenses

Student Information

Last Name: _____ First Name: _____ Person Number: _____

Estimated 2018 Income- Complete this section if your appeal is related to Loss of Employment

Complete the table below. Report all income received from January 1, 2018 through today in the *Income to Date* column, and an estimate of income you expect to receive from tomorrow through December 31, 2018 in the *Estimated* column.

Expected Income Type	Income to Date (1/1/18-Today)	Estimated Income (Tomorrow-12/31/2018)	Total
Expected income Parent 1	\$	\$	\$
Expected income Parent 2	\$	\$	\$
Expected income earned by student	\$	\$	\$
Expected income earned by spouse (Married, Independent students)			
Severance Package	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) Source: _____	\$	\$	\$
Social Security Benefits	\$	\$	\$
If this request is due to death of family member, will your family receive life insurance or other resources? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Child Support Received	\$	\$	\$
Other untaxed Income: Ex. pre-tax pension contributions, interest or dividends, worker's comp, IRA, Keogh, money received or paid on your behalf	\$	\$	\$
Child Support Paid	\$	\$	\$

Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature

Date

Parent Signature

Date