



Student Information

Last Name: _____ First Name: _____ Middle I: ____ Person Number: _____

Instructions

If you have lost income based on one or more of the following conditions, adjustments to your 2017-2018 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.**

Complete each section of this form. **Check the "Not Applicable" box for fields that do not apply to you.**

Section A: Required Documentation

The following documentation is required for **all** appeal circumstances. Required documentation not submitted with this appeal will cause a delay in the review process. You may also submit additional documentation not listed below if you feel it will support your appeal.

- ✓ **Dependent/Independent Tax & Income Verification Form** – Complete either the Dependent or Independent form (based on your FAFSA status) which can be found at financialaid.buffalo.edu/forms
- ✓ You **must attach a signed** written statement detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation.
- ✓ **2016 Signed Federal Tax Return or Tax Return Transcript (Tax Account Transcripts will not be accepted)**
- ✓ **2016 W2 Wage Statements**

Section B: Extenuating Circumstance and Additional Documentation Requirements

Check **all** extenuating circumstances that apply to you. Include additional required documentation as requested.

Extenuating Circumstance	Dependent Student	Independent Student	Additional Required Documentation
<input type="checkbox"/> Loss of Employment (Must be unemployed for at least 3 months)	Your or your parent(s)' income will be less than that earned in 2015.	Your (and/or your spouse's) income will be less than that earned in 2015.	<ul style="list-style-type: none"> ▪ Last pay stub showing year-to-date earnings ▪ Termination notice from employer ▪ Unemployment compensation documentation
<input type="checkbox"/> Other Loss of Income <ul style="list-style-type: none"> ▪ Alimony ▪ Child Support ▪ Retirement/Pension ▪ Social Security (taxed) ▪ Worker's Compensation 	You or your parent(s)' received benefits in 2015 which have ceased or been reduced.	You (and/or your spouse) received benefits in 2015 which have ceased or been reduced.	<ul style="list-style-type: none"> ▪ Original 2015 Benefit statement listing the total amount received ▪ Revised Benefit statement listing updated amount to receive and effective date
<input type="checkbox"/> Separation or Divorce	Your parents separated or divorced AFTER filing the FAFSA but no later than 12/31/2017.	You and your spouse separated or divorced AFTER filing the FAFSA but no later than 12/31/2017.	<ul style="list-style-type: none"> ▪ Divorce decree or separation agreement and proof of separate addresses
<input type="checkbox"/> Death of a Parent or Spouse	A parent has died AFTER filing the FAFSA.	Your spouse has died AFTER filing the FAFSA.	<ul style="list-style-type: none"> ▪ Death Certificate
<input type="checkbox"/> Medical and Dental Expenses Not Covered by Insurance	Medical and dental expenses paid in 2015 by your parent(s) for members of your immediate household. Must exceed 11% of your AGI.	Medical and dental expenses paid in 2015 by you or your spouse for members of your immediate household.	<ul style="list-style-type: none"> ▪ Proof of medical, dental, and eye care payments ▪ Letter from insurance company showing medical and dental expenses not covered by insurance
<input type="checkbox"/> One-Time Payment Received - Not considered: <ul style="list-style-type: none"> ▪ Lottery Winnings ▪ Job Bonus/Overtime ▪ Insurance Settlements ▪ Inheritance 	Your parents received a one-time lump sum payment in 2015.	You (and/or spouse) received a one-time lump sum payment in 2015.	<ul style="list-style-type: none"> ▪ Written explanation and receipts showing how the income was spent



Person Number: _____

Section C: Projected Income and Benefits from January 1, 2017 to December 31, 2017

Complete each line either by entering the amount received, or check the Not Applicable box to indicate that the income exclusions or untaxed income listed do not apply to you. In addition to the required documentation listed on page 1, **you must submit proof of all income numbers provided below** (e.g., for wages, supply a copy of your most recent paystub).

Source of Income	Check if Item is Not Applicable	Parent / Stepparent 1	Parent / Stepparent 2	Student	Student's Spouse
Wages, Tips, Salary	<input type="checkbox"/>	\$	\$	\$	\$
Interest and/or Dividend Income	<input type="checkbox"/>	\$	\$	\$	\$
Unemployment Compensation	<input type="checkbox"/>	\$	\$	\$	\$
Pensions and /or Annuities	<input type="checkbox"/>	\$	\$	\$	\$
Severance Pay	<input type="checkbox"/>	\$	\$	\$	\$
Retirement Benefits	<input type="checkbox"/>	\$	\$	\$	\$
Disability Benefits	<input type="checkbox"/>	\$	\$	\$	\$
Social Security Benefits (taxable)	<input type="checkbox"/>	\$	\$	\$	\$
Child Support	<input type="checkbox"/>	\$	\$	\$	\$
Alimony	<input type="checkbox"/>	\$	\$	\$	\$
Welfare Benefits	<input type="checkbox"/>	\$	\$	\$	\$
Other:	<input type="checkbox"/>	\$	\$	\$	\$
TOTAL OF ALL INCOME:		\$	\$	\$	\$

Section D: Medical/Dental Expenses (Complete if you selected the Medical/Dental Expenses box in Section B).

	Check if Item is Not Applicable	Parent / Stepparent 1	Parent / Stepparent 2	Student	Student's Spouse
Medical/Dental Expenses in 2015	<input type="checkbox"/>	\$	\$	\$	\$

Section E: One-Time Payment Received (Complete if you selected the One-Time Payment box in Section B).

	Check if Item is Not Applicable	Parent / Stepparent 1	Parent / Stepparent 2	Student	Student's Spouse
Amount of One-Time Payment Received in 2015	<input type="checkbox"/>	\$	\$	\$	\$

Certification and Signature

I certify that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all extenuating circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change in financial aid. Decisions are final and will be communicated to the student. This form only applies to federal aid. It cannot be used to change state aid programs such as TAP, SUNY Tuition Credit, APTS, etc.

Student Signature: _____ Date: _____

Student's Spouse Signature: _____ Date: _____

Parent Signature: _____ Date: _____