

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_ Person Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

## Instructions

In certain situations, a dependent undergraduate student whose parent(s) are unable to obtain or repay a Federal Direct PLUS Loan may be eligible for an additional Federal Direct Unsubsidized Loan. Financial Aid Advisors may consider your debt to income ratio as well as the [2017 Poverty Level Guidelines](#) as published by the Department of Health and Human Services as factors in the appeal review.

Check the box that applies to you and submit the requested documentation. Write your student's person number on the top of each document submitted.

## Special Circumstance and Documentation Requirements (To Be Completed by Parent)

Reason for Request	Documentation to Provide
1. <input type="checkbox"/> I am on a fixed income (i.e. public assistance, disability benefits, social security, etc.)	- Attach supporting documentation to identify the benefit and amount, such as a statement from the Social Security Administration Office, etc.
2. <input type="checkbox"/> I am not a U.S. Citizen, National, Permanent Resident or Eligible Non-Citizen	- Country of Citizenship: _____ - Provide proof of citizenship (cannot be expired) - Current U.S. Residency Status (check one): _____ Not Living in the U.S.      _____ Not Applying for U.S. Residency _____ Applying for U.S. Residency (Application Date: _____)
3. <input type="checkbox"/> I have filed for bankruptcy within the last 5 years and as a condition of my bankruptcy filing I am not allowed to incur any additional debt	- Attach a copy of the filed bankruptcy paperwork (with parent name and stamp of the court to indicate that the paperwork has been filed) or letter from bankruptcy court or court trustee stating that as a condition of the bankruptcy filing, the parent may not incur any additional debt.
4. <input type="checkbox"/> I am willing to borrow but am unable to manage the additional debt	- Proof in change of circumstance (ex: proof of job loss, divorce decree, death certificate, etc.) - Explanation of circumstance - <b>Complete Debt to Income Determination Worksheet on Page 2</b> - Any other relevant information that will document the family's situation
5. <input type="checkbox"/> I am currently incarcerated.	- Attach proof of incarceration
6. <input type="checkbox"/> I currently have a judgment lien on my property	- Attach proof of judgment lien
7. <input type="checkbox"/> I currently have Federal Student Loans in default	- Provide documentation of current status of loans

Person Number: \_\_\_\_\_

**Debt to Income Determination Worksheet (Complete ONLY if you selected option 4 on page 1)**

If your monthly expenses from Section B are greater than your monthly income from Section A, attach a sheet to clarify how you pay your monthly expenses. If your monthly income is less than what you reported on your FAFSA, attach an explanation. (Debts with less than one year remaining will not be considered in the calculation).

Section A: INCOME	Monthly Gross Amount	Section B : DEBT OBLIGATIONS	Monthly Minimum Payment	Number of Months Remaining
Gross Salary	\$	Mortgage (incl. principle, interest, taxes and insurance)	\$	
Self-Employment	\$	Home Equity Loan Payment	\$	
Spouse's Gross Salary	\$	Car Loan	\$	
Other	\$	Student Loan(s) for Parent on FAFSA	\$	
		Credit Card	\$	
		Additional Car/Credit Card	\$	
		Additional Car/Credit Card	\$	

**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: \_\_\_\_\_

**Office of Financial Aid Use Only**

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Sufficient Documentation Received:      Yes      No      Additional Documentation Needed: \_\_\_\_\_

D/I%: \_\_\_\_\_ %      \_\_\_\_\_

Changes to FAFSA Required?      Yes      No      Selected for Verification?      Yes      No

Override Decision:      Approved      Denied      Additional Unsubsidized Loan Offered?      Yes      No