

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - [financialaid.buffalo.edu/forms/documentation-upload-center/](https://financialaid.buffalo.edu/forms/documentation-upload-center/). Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

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

### Instructions

If you have experienced a loss of income, adjustments to your 2023-2024 FAFSA information may be possible. 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. **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.**

**Documentation:** All applications MUST include the following items.

1. The reason for your appeal must be specified on page 2. Include a statement explaining how the circumstance has impacted your financial situation.
2. Signed 2021 Federal Tax Return (with schedules 1, 2, and/or 3 if applicable) or Tax Return Transcript.
3. 2021 W-2 Earning statements.
4. Additional documentation as listed in the chart below.

Extenuating Circumstances	Required Supporting Documentation
<p><b>Loss of Employment:</b> 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.</p>	<ul style="list-style-type: none"> <li>• Last pay stub showing year to date earnings</li> <li>• Termination notice from employer showing last date of employment.</li> <li>• Unemployment statement showing amount received, benefit beginning and end dates.</li> </ul>
<p><b>Loss of Untaxed Income:</b> Loss of:</p> <ul style="list-style-type: none"> <li>• Child support</li> <li>• Alimony</li> <li>• Retirement/Pension</li> <li>• Social Security</li> <li>• Worker’s compensation</li> </ul>	<ul style="list-style-type: none"> <li>• Original 2021 benefit statement listing the total amount received</li> <li>• Revised benefit statement listing updated amount received and effective date.</li> <li>• Documentation of loss of support</li> </ul>
<p><b>Separation or Divorce</b> Parties living in the same household will not be considered. Separation or divorce AFTER filing the FAFSA, but no later than 12/31/2023.</p>	<ul style="list-style-type: none"> <li>• Divorce Decree or Separation Agreement</li> <li>• Proof of separate residences</li> <li>• Assets being assigned to you</li> <li>• Child Support or Alimony being received</li> </ul>
<p><b>Death of Parent or Spouse:</b> Your spouse or parent died after filing the FAFSA.</p>	<ul style="list-style-type: none"> <li>• Copy of death certificate.</li> <li>• Documentation of expected survivor benefits (life insurance distributions, annuities, etc.)</li> </ul>
<p><b>Medical/ Dental Expenses Not Covered by Insurance:</b> Out of pocket medical or dental expenses paid in 2022 (tax year) or 2023 (current year) beyond the amount already factored into the federal EFC formula. Costs paid by insurance or someone else cannot be counted.</p>	<ul style="list-style-type: none"> <li>• Copy of schedule A- Itemized deductions from your federal tax return OR proof of out of pocket medical, dental, or eye care payments.</li> <li>• Letter from insurance company showing medical and dental expenses not covered by insurance.</li> </ul>
<p><b>One-time taxable income used for life changing event:</b> IRA, pension distribution, back-year social security, back-year child support, etc.</p>	<ul style="list-style-type: none"> <li>• Copy of statement showing payment received</li> <li>• Verification of use of funds. Payments toward consumer debt will not be considered.</li> <li>• Why income cannot be used for educational expenses</li> </ul>

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

### Reason for Appeal

Select one. **Provide a statement detailing how the circumstance selected impacted your financial situation.**

- Medical or dental expenses not covered by insurance.
- One-time taxable income used for life changing event.
- Loss of untaxed income.                      Date of change: \_\_\_\_\_
- Separation or divorce.                          Date of separation/divorce: \_\_\_\_\_
- Death of parent or spouse.                      Date of death: \_\_\_\_\_
- Loss of Employment.                              Last date of employment: \_\_\_\_\_

Complete this chart only if your appeal is related to loss of employment.			
Expected Income Type	Income to Date (1/1/2023-Today)	Estimated Income (Tomorrow-12/31/2023)	Total
Expected income Parent 1	\$	\$	\$
Expected income Parent 2	\$	\$	\$
Expected income earned by student	\$	\$	\$
Expected income earned by spouse (if married)			
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? __ Yes __ 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 – Please **handwrite** your signature. Typed Signatures cannot be accepted.

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 (Cannot be typed)                      Date                      Parent Signature (Cannot be typed)                      Date