

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. **All Financial Aid Forms require your legal name.**
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

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

Health Professions Student Loans are low-interest, need-based federal loans offered to eligible full-time pharmacy & dental students. This loan does not accrue interest until after 12 months after the completion of your program; or termination of full-time study. The current interest rate is 5% annually. The award amount is determined by the number of qualified applicants and availability of funds. **Incomplete applications at the time of review will not be considered.** Once the review is complete, notification of eligibility will be sent to your UB email address.

### Section 1: Income Verification

Place an X next to the statement that best represents your and your parents' or stepparents' 2022 tax filing status and complete the corresponding instructions below.

Student	Parent																
<p><b>Did you file a 2022 Federal Income Tax Return?</b> (You <b>MUST</b> check one box below and submit the requested documents.)</p> <p><input type="checkbox"/> <b>YES</b> – I used the FA-DDX on the FAFSA (no documentation required.) <u>Proceed to Section 3.</u></p> <p><input type="checkbox"/> <b>YES</b> – I have enclosed a <u>SIGNED</u> copy of my 2022 Tax Return (including schedules 1, 2 or 3 if applicable) <u>or</u> my 2022 IRS Tax Transcript. If you have amended your tax return, please submit <u>both</u> the amended return as well as an IRS Tax Return Transcript.</p> <p><input type="checkbox"/> <b>NO</b> – I filed a foreign tax return, I have enclosed a <u>SIGNED</u> copy and an authenticated English translation.</p> <p><input type="checkbox"/> <b>NO</b> – I did not earn any income from work in 2022.</p> <p><input type="checkbox"/> <b>NO</b> – I did not file a 2022 Federal Tax Return but I did earn wages from the employer(s) listed below. I have enclosed copies of my W-2 statements from each employer.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Employer</th> <th style="width: 40%; text-align: left;">Amount Earned</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Employer	Amount Earned	_____	_____	_____	_____	_____	_____	<p><b>Did you file a 2022 Federal Income Tax Return?</b> (You <b>MUST</b> check one box below and submit the requested documents.)</p> <p><input type="checkbox"/> <b>YES</b> – I have enclosed a <u>SIGNED</u> copy of my 2022 Tax Return (including schedules 1, 2 or 3 if applicable) <u>or</u> my 2022 IRS Tax Transcript. If you have amended your tax return, please submit <u>both</u> the amended return as well as an IRS Tax Return Transcript.</p> <p><input type="checkbox"/> <b>NO</b> – I filed a foreign tax return, I have enclosed a <u>SIGNED</u> copy and an authenticated English translation.</p> <p><input type="checkbox"/> <b>NO</b> – I did not earn any income from work in 2022. I have enclosed a Verification of Non-Filing Letter.</p> <p><input type="checkbox"/> <b>NO</b> – I did not file a 2022 Federal Tax Return but I did earn wages from the employer(s) listed below. I have enclosed copies of my W-2 statements from each employer and a Verification of Non-Filing Letter.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Employer</th> <th style="width: 40%; text-align: left;">Amount Earned</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Employer	Amount Earned	_____	_____	_____	_____	_____	_____
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Person Number: \_\_\_\_\_

**Section 2: Income Exclusions and Untaxed Income**

Complete this section by entering the dollar amount received or enter 'N/A' if the item does not apply to you.

	<b>Student</b>	<b>Parent(s)</b>
1. Rollover amount included in the IRA distribution listed on your tax return	\$ _____	\$ _____

**Section 3: Family Size Verification**

List ALL individuals in your parent(s)' household, including:

- 1. Yourself and your parent(s) (including stepparent)** even if you don't live with your parents; and
- Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2024 through June 30, 2025, and
- Other people who live with your parent(s), and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

Full Name	Age	Relationship
		Self

**Section 4: Parent Assets**

Cash / Money in savings and checking account \$ \_\_\_\_\_

Child support received \$ \_\_\_\_\_

Net real estate \$ \_\_\_\_\_

Net investments \$ \_\_\_\_\_

Net business/farm value \$ \_\_\_\_\_

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

**Section: Parent Income Offsets**

Grant and scholarship aid included reported as income on taxes \$ \_\_\_\_\_

Federal work study \$ \_\_\_\_\_

**Section 5: 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