

2009-2010 Appeal Form for Special Circumstances

Please Print.

Student Name: _____ UB Person Number _____

Permanent Address: _____

UB E-mail Address: _____ Phone Number _____

As a result of extenuating circumstances, a family's current financial situation may not be reflected on the Free Application for Federal Student Aid (FAFSA). UB will make adjustments to information submitted on the FAFSA form on a student-by-student basis if a determination is made that adjustments are warranted. Receipt of this form does not guarantee a change in financial aid eligibility. Please be advised that this form only pertains to federal financial aid; it cannot be used to make a determination about changes to state aid (e.g. TAP, APTS, etc.) eligibility.

Please complete the sections that apply, providing all requested documentation and any additional documentation that you believe would support your request. **The DEADLINE to submit the Appeal Form for Special Circumstances is March 1, 2010.** Any request received after this date will not be considered. This review will be completed only once within the Academic Year and all decisions are final.

We reserve the right to request the 2009 federal tax return and income information at a future date to verify data provided.

SECTION I: REASON FOR SPECIAL CIRCUMSTANCES

Please select appropriate category:

___ **LOSS OF EMPLOYMENT-** Student, spouse or parent **must be out of work for at least 10 weeks in 2009** before the form can be submitted. To qualify, documentation must be provided verifying the person's employment status has changed.

- DOCUMENTATION REQUIRED:**
- Letter from employer stating termination date AND 2009 earnings
 - Proof of Unemployment Compensation Benefits
 - Signed copy of the actual 2008 Federal Income Tax Return for the unemployed Individual (including all schedules)

___ **LOSS OF UNTAXED INCOME OR BENEFIT-** You/your spouse or your parent has lost some type of untaxed income or benefit such as: **Social Security, Child Support, Disability or Welfare Benefits.** **DO NOT** include loss of veterans educational benefits.

- DOCUMENTATION REQUIRED:**
- Letter or statement from agency confirming loss of benefit and actual amount received in 2009.

___ **DIVORCE OR SEPARATION-** Since filing the FAFSA, you or your parent has become divorced or separated.

- DOCUMENTATION REQUIRED:**
- Copy of Divorce Decree or Separation Paperwork.
 - Signed copy of the 2008 Federal Income Tax Return (including all schedules) and 2008 W-2 forms for the divorced/separated individuals

___ **DEATH OF A SPOUSE OR PARENT-** Since filing the FAFSA, your spouse or parent is now deceased.

- DOCUMENTATION REQUIRED:**
- Copy of Death Certificate
 - Signed copy of the actual 2008 Federal Income Tax Return (including all schedules) and W-2 forms for the deceased and surviving spouse

___ **MEDICAL, DENTAL, AND EYE CARE EXPENSES -** Students that have medical, dental, or eye care expenses not covered by insurance.

- DOCUMENTATION REQUIRED:**
- Signed copy of the actual 2008 Federal Income Tax Return (including all schedules) and W-2 forms
 - Signed **2008** Statements showing the date of the medical, dental, or eye care services and the billing statement detailing the associated costs.
 - In calendar year 2008, we had the following out of pocket medical charges totaling \$_____. **Guideline maximum is \$3000.**

SECTION III: ESTIMATED INCOME FOR 2009

The following sections require you to provide your expected income for 2009. Provide figures for the ENTIRE year. Include all income received from January 1, 2009 until now and estimate the amounts to be received from now until December 31, 2009.

If you do not expect to get any income from a source, write "0".

	Actual (1/1/09 to Today)		Estimated (Today to 12/31/09)		Total
Gross Income from Work (attach last pay stubs)					
by father/step-father in 2009	\$ _____	+	\$ _____	=	\$ _____
by mother/step-mother in 2009	\$ _____	+	\$ _____	=	\$ _____
or					
by student in 2009	\$ _____	+	\$ _____	=	\$ _____
by spouse in 2009	\$ _____	+	\$ _____	=	\$ _____
Unemployment Benefits/Worker's Comp for _____	\$ _____	+	\$ _____	=	\$ _____
Severance Package/Retirement Benefits for _____	\$ _____	+	\$ _____	=	\$ _____
Social Security/Welfare/Child Support	\$ _____	+	\$ _____	=	\$ _____
Alimony/Spousal Support for _____	\$ _____	+	\$ _____	=	\$ _____
Other Income _____	\$ _____	+	\$ _____	=	\$ _____
Other Income _____	\$ _____	+	\$ _____	=	\$ _____

Household Information

Number in Household _____

Number in college _____
(at least 1/2 time, excluding parents)

SECTION IV: STATEMENT OF CERTIFICATION AND AUTHORIZATION

By signing below, the student/parent acknowledges that the above information is true and accurate. The documented information will be used to reevaluate your federal financial aid eligibility and may be used to make changes to the 2009-2010 FAFSA.

Student	Date	Parent	Date
Student's Spouse		Date	

OFFICE USE ONLY	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason for Denial _____
Date Reviewed	_____		
Advisor's Signature	_____	Transaction #	_____

Student Academic Records & Financial Services, 232 Capen Hall, University at Buffalo, Buffalo, NY 14260-1631
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