Sometimes the Free Application for Federal Student Aid (FAFSA) does not adequately reflect a family’s financial situation due to an extenuating circumstance. BSC has the authority to make adjustments to information submitted on the FAFSA form on a case-by-case basis. Please provide all requested documentation and any additional documentation that you believe would support your request.

**Reason for loss of income:**

- ___ Job termination
- ___ Retirement
- ___ Work hour reduction
- ___ Permanent disability
- ___ Job change

**Effective date:** ________________

Adjustments may be made in cases where the parents of a dependent student or an independent student or their spouse experience a reduction in income. Adjustments will be made for a dependent student’s change in income on a case by case basis. Adjustments will not be made if requested after April 15, 2015.

**Note:** Exceptions will be made for first time freshman only. Forms submitted prior to Oct 1, 2014 will not be reviewed and will not be returned.

**Required Documentation:**

- ___ I have completed every line of the estimated income chart on the reverse side using twelve month totals.
- ___ I am attaching final or most recent pay stubs.
- ___ I am submitting or have already submitted the 2014 – 2015 Verification Worksheet.
- ___ I am submitting or have already submitted copies of my family’s 2013 federal tax transcripts and W-2’s. If you have already submitted the Verification Worksheet or tax forms this year you do not need to submit duplicate copies.

  To request federal tax transcripts, go to: [https://sa2.ww4.irs.gov/irfof-tra/start.do](https://sa2.ww4.irs.gov/irfof-tra/start.do)
- ___ If you are submitting this form after January 31, 2015, you must also submit copies of yours and your parent’s 2014 federal tax transcripts and W-2s.
- ___ I understand that the Financial Aid Office can request additional documentation prior to making a decision regarding this request, and that all decisions are final and at the discretion of the financial aid staff of Buffalo State College.

**Explanation of your situation:** Please describe the special circumstances surrounding your loss of income. Give full details. Attach a separate sheet if necessary.

- [ ] I understand that the Financial Aid Office will not consider my loss of income request for the exact same reason and effective date during the 2015-2016 academic year.

**Student Signature** ________________________________ **Date** ________________

Financial Aid Office · MH 230, 1300 Elmwood Ave, Buffalo, NY 14222-1095
finaid@buffalostate.edu · (716) 878-4902 · fax (716) 878-4903
Estimate of Income: Complete each section in its entirety. If the line does not pertain to you, please mark with a “0”. Also, please indicate who the recipient of the benefit is where requested (e.g., mother, step-father, spouse).
List the total estimated income and resources for January 1, 2014 through December 31, 2014. If needed, multiply the dollar amount by the appropriate number of weeks/months/paychecks to determine the gross amount to list below (e.g., $1000 x 12 months = $12,000).

If any of the benefits listed below are pending, do not submit this form until you receive a confirmation of the amount from the provider.

Please submit copies of benefit paperwork for all that apply below:

- Gross Income from Work (attach last year-to-date paystubs)
  - by Parent 1 (step) $__________ $__________ $__________
  - by Parent 2 (step) $__________ $__________ $__________
  - or by student (if independent) $__________ $__________ $__________
  - by spouse $__________ $__________ $__________

- Unemployment Benefits/Worker’s Compensation: for ____________________ $__________ $__________ $__________

- Severance Package/Retirement Benefits: for ____________________ $__________ $__________ $__________

- Military/Clergy Housing Allowance $__________ $__________ $__________

- Taxable Social Security
  - Child Support Received $__________ $__________ $__________

- Child Support Paid $__________ $__________ $__________

- Disability: for ____________________ $__________ $__________ $__________

- Payments to tax-deferred pension and savings $__________ $__________ $__________

- IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, or other retirement plans $__________ $__________ $__________

- Untaxed portions of pensions or IRA distributions $__________ $__________ $__________

- Other Income: ____________________ (source) (source) (source)

Certification and Signature:

By checking each box and signing my name below, I (we) hereby acknowledge that:

- All the information reported is true and accurate to the best of my (our) knowledge.
- I understand that if I (we) do not provide the documentation required, my request can be denied.
- I also understand that I may submit only one request per academic year, and that the decision of the Financial Aid Office is final.
- By submitting this request I understand that my FAFSA may be selected for verification during the 2015-2016 academic year to resolve conflicting information.
- If I provide false or misleading information, I understand that I may be fined, imprisoned or both.

If you are a dependent student, at least one of your parents must sign this form.

Student Signature ___________________________ Date ____________________

Parent Signature ___________________________ Date ____________________
Your application was selected for review in a process called “verification.” In this process, we are required to compare the information from your application with the information provided on this form and the requested tax forms. If there are differences between your application and the documents you’ve submitted, corrections may need to be made. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

### What you should do: (use tax forms 2013)
1. Collect applicable financial documents listed at right →
2. Complete all sections, sign the worksheet (and parent if you are required to provide their income information on FAFSA).
3. Contact us with questions about completing this worksheet.
4. Bring or mail the completed worksheet, requested tax information, and other documents to our office (address below).

### A. Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Banner ID (or SS#)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (include apt. #)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Home Phone Number</th>
<th>Student’s Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Family Information

- **Dependent Students:** *List below the people in your parents’ household* to include:
  - (a) **yourself** even if you don’t live with your parents;
  - (b) **your parent(s)** include parents living together even if they are not married, same gender parents, and step-parent.
  - (c) **your parents’ other children**, even if they don’t live with your parent(s), if (1) your parents will provide more than half of their support from July 1, 2014 through June 30, 2015, or (2) the children would be required to provide parental information when applying for federal student aid; and
  - (d) **other people** if they now live with your parent’s, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2014 through June 30, 2015.
  - (e) Also write in the name of the college for any family member, excluding your parents, who will be attending college, at least half-time between July 1, 2014 and June 30, 2015, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

- **Independent Students:** *Follow instructions above with the exception of (b)&(c). Also include your spouse and any children.*

If a sibling listed below is 24 years of age or older, or if someone who fits category (d) “other people” is listed below please have your parent (or you if you are considered independent) submit Form VWOTH15 that can be printed from the following web site: [http://www.buffalostate.edu/financialaid/x487.xml](http://www.buffalostate.edu/financialaid/x487.xml) or request one by email at finaid@buffalostate.edu

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Missy Jones</td>
<td>24</td>
<td>Wife</td>
<td>City University</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>Buffalo State</td>
</tr>
</tbody>
</table>
C. Tax Forms and Income Information

1. If requested by Buffalo State: students, their spouses and the parents of dependent students must submit copies of their 2013 federal income tax transcripts from the IRS if they filed taxes for that year. For foreign income tax returns or those from Puerto Rico a copy of your original tax return may be submitted.

Check the box below for the people whose taxes are being submitted:

- [ ] Student
- [ ] Student’s Spouse
- [ ] Parent 1 (step)
- [ ] Parent 2 (step)

If not filing a federal tax return for 2013 complete the chart below. Please state on the line if you did not work.

<table>
<thead>
<tr>
<th>Name of Employer (s) and submit copies of all W2’s</th>
<th>Total $ Earned in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>Parent 1 (step)</td>
<td></td>
</tr>
<tr>
<td>Parent 2 (step)</td>
<td></td>
</tr>
</tbody>
</table>

Ordering IRS tax return transcripts: **Your address MUST appear exactly as it does on your tax return**

Print an IRS tax return transcript online immediately: Go to "Get-Transcript" (http://www.irs.gov/Individuals/Get-Transcript). This link provides immediate access to IRS tax return transcripts and W-2 statements. Registration required.

To order an IRS tax return transcript by phone, Call the IRS at 1-800-908-9946. You will be prompted to enter your social security number and street address, then press 2 to order a tax transcript. It should arrive within 5 – 10 business days.

To order a copy of your original W2(s), complete Form 4506T online at: http://www.irs.gov/pub/irs-pdf/f4506t.pdf. To request a form by mail, call the IRS at 1-800-829-3676.

2. Both tax filers and non-tax filers must list any untaxed income received in 2013.

<table>
<thead>
<tr>
<th>Calendar Year 2013</th>
<th>Student</th>
<th>Parent(s) (step-parent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(be sure to list amounts for the full year)</td>
<td>Include SPOUSE if you are married</td>
<td>Of DEPENDENT students only</td>
</tr>
</tbody>
</table>

To prevent delays in processing be sure to enter zeros below if no funds were received.

- Child support paid because of divorce or separation or as a result of a legal requirement. Don’t include support for children listed on the front of this form. $ $
- Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. Attach related W2’s to this form. $ $
- Student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. Don’t include financial aid received for the prior year. $ $
- Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay. Combat pay is reported on the W-2 in Box 12, Code Q. $ $
- Earnings from work under a cooperative education program offered by a college. $ $
- Child support received for any of your children. Don’t include foster care or adoption payments. $ $
- Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don’t include the value of on-base military housing or the value of a basic military allowance for housing. $ $
- Veterans’ non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. $ $
- Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form. $ XXXXXXX
- Other untaxed income not reported, such as workers’ compensation, disability, etc. Also include the first-time homebuyer tax credit from IRS Form 1040—line 67. Don’t include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. $ $

Source of income: ____________________________

D. Sign This Worksheet - By signing this worksheet, I (we) certify that all the information reported is complete and correct. If you are a dependent student, at least one of your parents must sign.

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date</th>
<th>Parent’s Signature - dependent students only</th>
<th>Date</th>
</tr>
</thead>
</table>