

Buffalo State College

Banner ID: _____

Student Phone: _____

Name: _____

Other/Parent Phone: _____

2017-2018 Loss of Income Form

Instructions

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

Adjustments may be made in cases if the parent(s) of a dependent student or an independent student (or his/her spouse) experience a reduction in income. Adjustments will be made for a dependent student's change in income on a case-by-case basis. **Deadline:** Adjustments requested after April 15, 2018 will not be processed.

Reason for loss of income:

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

Effective date: _____

Explanation of your situation:

Describe the circumstances surrounding your loss of income. Provide full details. Attach a separate sheet if necessary.

Required Documentation

Dependent Students

- Parent's signed 2016 tax return (include Schedules C and E, if filed)
- Parent's 2016 W-2s and 1099s
- If your loss/change occurred after 2016, also submit:
 - Parent's last year-to-date pay stubs from 2017
 - Unemployment/severance statements from 2017

Independent Students

- Student's (and spouse) signed 2016 tax return (include Schedules C and E, if filed)
- Student's (and spouse) 2016 W-2s and 1099s
- If your loss/change occurred after 2016, also submit:
 - Parent's last year-to-date pay stubs from 2017
 - Unemployment/severance statements from 2017

Other Income

Type	Total in 2016
Child support received (for all children)	\$ _____
Child support paid (for all children)	\$ _____
Other sources (e.g., disability, severance) List Sources: _____	\$ _____

Certification and Signature

By 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 understand that I may submit only one request per academic year, and that the decision of the Financial Aid Office.
- ✓ If I provide false or misleading information, I understand that I may be fined, imprisoned or both.
- ✓ 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 2018-2019 academic year.
- ✓ I understand that the Financial Aid Office can request additional documentation prior to making a decision regarding this request; including but not limited to 2016 and 2017 Federal Tax Return Transcripts and W2s
- ✓ I understand that all decisions are final and at the discretion of Buffalo State's financial aid staff

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

Student Signature _____

Date _____

Parent Signature _____

Date _____