

SUNY Buffalo State

Banner ID _____

Student Phone: _____

Name _____

Other/Parent Phone: _____

2015-2016 Loss of Income Form (Apply after October 1, 2015)

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.

Reason for loss of income: ___ Job termination
 ___ Retirement
Effective date: _____ ___ Work hour reduction
 ___ Permanent disability
 ___ Job change

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. Adjustments requested after April 15, 2016 will not be processed.

Note: The 2015-2016 Loss of Income Form will be processed prior to October 1, 2015 for first-time freshmen only.

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 2015 – 2016 Verification Worksheet.
- ___ I am submitting or have already submitted copies of my family's 2014 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.www4.irs.gov/irfof-tra/start.do>

- ___ If you are submitting this form after January 31, 2016, you must also submit copies of your and your parent's 2015 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.

Explanation of your situation: Please describe the special circumstances surrounding your loss of income. Provide 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 2016-2017 academic year.

Student Signature _____

Date _____

Banner ID _____

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, 2015 through December 31, 2015. If needed, multiply the dollar amount by the appropriate number of weeks/months/paychecks to determine the gross amount to list below (e.g., \$1,000 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:

| | Actual (1/1/15 to Today) | Estimated (Today to 12/31/15) | TOTALS |
|--|-----------------------------|----------------------------------|----------|
| 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 2016-2017 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 _____

SUNY Buffalo State



A. Student Information

Banner ID _____

Student Phone: _____

Name _____

Other/Parent Phone: _____

Address (include apt. #) _____

City _____

State _____

Zip Code _____

Date of Birth

(_____) _____ - _____
Home Phone Number

(_____) _____ - _____
Student's Cell Phone Number

2015-2016 Verification Worksheet - Federal Student Aid Programs

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 federal financial aid until verification has been completed, so please provide the required documents as soon as possible.**

What you should do: (use 2014 tax forms)

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).

Dependent Students:

- *Parent(s) Federal Tax Return Transcript (if requested)
- *Parent(s) W2's
- *Student W2's (if they worked & did not file)
- *Schedules C, E, & 1099R if applicable

Independent Students/Spouse:

- * Student/Spouse Federal Tax Return Transcript (if requested)
- *Student/Spouse W2's
- *Schedules C, E, & 1099R if applicable

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)**: a parent is a person that the State has determined to be a legal parent which includes 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, 2015 through June 30, 2016, 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, 2015 through June 30, 2016.
- (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, 2015 and June 30, 2016, 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 submit the VWOTH16 form that can be found at the following Web site: <http://www.buffalostate.edu/financialaid/x487.xml> or you may request one via email at finaid@buffalostate.edu.

| Full Name | Age | Relationship | College |
|-----------------------------|-----|--------------|-----------------|
| <i>Example: Missy Jones</i> | 24 | Wife | City University |
| | | Self | Buffalo State |
| | | | |
| | | | |
| | | | |

Banner ID _____

C1. Tax Forms and Income Information in 2014. Check one box in each section, as applicable.

| |
|---|
| Dependent Student |
| <input type="checkbox"/> I did not work. <input type="checkbox"/> I worked but did not file taxes. Submit your W-2 statements from 2014. <input type="checkbox"/> I filed a 2014 federal tax return. Do not submit. |
| Parents of Dependent Students (parents listed on FAFSA) |
| <input type="checkbox"/> My parents filed a 2014 federal tax return. Next steps: Submit a copy of their 2014 tax return <u>transcript</u> or use the IRS Data Retrieval Tool in the FAFSA. W-2 statements and/or Schedules C and E must also be submitted. <input type="checkbox"/> My parents worked but did not file a tax return. Next steps: Submit their W-2 statements from 2014. <input type="checkbox"/> My parents did not work in 2014. Submit a written, detailed statement explaining how they supported their family with no income. Include supporting documentation as applicable (e.g., food stamp statement, social security statement). |
| Independent Student |
| <input type="checkbox"/> I filed a 2014 federal tax return. Next steps: submit a copy of your 2014 federal tax return <u>transcript</u> or use the IRS Data Retrieval Tool in the FAFSA. If independent, you must also submit your W-2 statements and/or Schedules C and E. <input type="checkbox"/> I worked but did not file a tax return. Next steps: Submit your W-2 statements from 2014. <input type="checkbox"/> I did not work. Next steps: submit a written statement explaining how you supported yourself. |
| Student's Spouse (if student is married today) |
| <input type="checkbox"/> My spouse filed a 2014 federal tax return. Next steps: submit a copy of their 2014 tax return <u>transcript</u> or use the IRS data retrieval tool in the FAFSA. You must also submit your spouse's W-2 statements and/or Schedules C and E. <input type="checkbox"/> My spouse worked but did not file a tax return. Next steps: Submit their W-2 statements from 2014. <input type="checkbox"/> My spouse did not work. Next steps: Submit a written statement explaining how your spouse was supported in 2014. |

- ✓ To Obtain Tax Return Transcripts or W-2 Statements Immediately Online: www.irs.gov/Individuals/Get-Transcript.
- ✓ To Obtain Paper W-2 Statements: contact your employer or go to <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>.

2. Calendar Year 2014 (be sure to list amounts for the full year)

Both **tax filers and non-tax filers** must list any untaxed income received in 2014.

| | Student | Parent(s) (step-parent) |
|---|-----------------------------------|----------------------------|
| To prevent delays in processing be sure to enter zeros below if no funds were received. | Include SPOUSE if you are married | Of DEPENDENT students only |
| 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. | \$ | \$ |
| Taxable 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. Do not 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. Indicate source. | \$ | XXXXXXX |
| Other untaxed income not reported, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, 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.

Student's Signature

Date

Parent's Signature - dependent students only

Date