## Buffalo State University Banner ID:\_\_\_\_\_\_\_\_ Student Phone:\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_ Other/Parent Phone:\_\_\_\_\_\_\_ 2024-2025 Loss of Income Form Instructions Sometimes the Free Application for Federal Student Aid (FAFSA) does not adequately reflect a family's financial

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 where 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.

## **Required Documentation**

## **Dependent Students**

If the change occurred in 2023, submit the following:

- Parent's signed federal 2023 tax return (include Schedules 1, 2, 3, C and E, if filed)
- Parent's 2023 W-2 and 1099 statements

If the change occurred in 2024, submit the following:

- Parent's last year-to-date paystub from 2024
- Parent's unemployment/severance statements from 2024

## **Independent Students**

If the change occurred in 2023, submit the following:

- Student's (and spouse) signed 2023 federal tax return (include Schedules 1, 2, 3, C and E, if filed)
- Student's (and spouse) 2023 W-2 and 1099 statements

If the change occurred in 2024, submit the following:

- Student's (and spouse) last year-to-date paystub from 2024
- Student's (and spouse) unemployment/severance statements from 2024

Select Year: 2023 2024		
	Source	Total Annual Amount
	Child support received (for all children)	\$
	Child support paid (for all children)	\$
	Other sources (e.g., disability, severance) List Sources:	\$
	cation and Signature ing my name below, I (we) hereby acknowledge t	hat:
✓ All the information reported is true and accurate to the best of my (our) knowledge.		
✓ Iu	✓ I understand that if I (we) do not provide the documentation required, my request can be denied.	
✓ Iu	I understand that I may submit only one request per academic year.	
✓ If I	If I provide false or misleading information, I understand that I may be fined, imprisoned or both.	
	✓ I understand that the Financial Aid Office can request additional documentation prior to making a decision regarding this request; including but not limited to 2023 and 2024 Federal Tax Return Transcripts and W2s.	
✓ I understand that all decisions are final and at the discretion of Buffalo State's financial aid staff.		
	are a dependent student, at least one of your par	

Student Signature\_\_\_\_\_

Parent Signature\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_