

# Buffalo State University

Banner ID: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Other/Parent Phone: \_\_\_\_\_

## 2026-2027 Special Circumstances Form

If the FAFSA does not adequately reflect your current financial situation due to extenuating circumstances, we ***may*** be able to adjust your information. Buffalo State only has the authority to make changes that will impact federal aid. This form cannot be used for state programs such as the Tuition Assistance Program (TAP) and the Excelsior Scholarship.

All applications **must** include the following items:

1. On page 2 of this form select the special circumstance that applies to you.
2. Submit a written statement explaining how your current circumstance has impacted you financially.
3. Signed 2024 federal 1040 form (include schedules 1, 3, C, and E if filed) and 2024 W-2 forms.
4. Additional required documentation as listed in the chart below.

Special Circumstance	Required Documentation
<b>Loss of/Change in Employment:</b> <ul style="list-style-type: none"><li>• Termination</li><li>• Job Change</li><li>• Work Hour Reduction</li><li>• Permanent Disability</li><li>• Retirement</li></ul>	<ul style="list-style-type: none"><li>• If the change occurred in 2025 submit signed 2025 1040 form (plus schedules 1, 3, C and E if filed), and 2025 W-2 forms.</li><li>• If change occurred in 2026:<ul style="list-style-type: none"><li>○ Most recent paystub showing year-to-date earnings.</li><li>○ Termination letter from employer showing last date of employment.</li><li>○ Unemployment statement if receiving this benefit</li></ul></li></ul>
<b>Loss of Benefits:</b> <ul style="list-style-type: none"><li>• Child Support</li><li>• Retirement/Pension</li><li>• Social Security or disability</li><li>• Worker's compensation</li></ul>	<ul style="list-style-type: none"><li>• Original benefit statement displaying the amount received.</li><li>• Revised benefit statement displaying the updated amount and effective date.</li></ul>
<b>Separation or Divorce:</b> <p>Separation or divorce date must be after the date the FAFSA was initially filed.</p> <p><i>Individuals living in the same household will not be considered.</i></p>	<ul style="list-style-type: none"><li>• Divorce decree or legal separation agreement.</li><li>• Proof of separate residences (lease agreements or utility bills only).</li><li>• Child support received.</li></ul>
<b>Death of Parent (for dependent students) or Spouse (for independent students):</b> <p>Parent or Spouse died after the FAFSA was filed.</p>	<ul style="list-style-type: none"><li>• Copy of death certificate</li></ul>
<b>Unusually High Medical Expenses:</b> <p>Families with high out-of-pocket medical expenses <b><i>may</i></b> be able to receive an offset against their income. Costs covered by insurance or paid by someone else cannot be counted.</p>	<ul style="list-style-type: none"><li>• 2025 or 2026 Schedule A from the federal tax return showing itemized deductions <b><i>or</i></b> proof of out-of-pocket medical or dental payments.</li><li>• Letter from insurance company showing the expenses that were not covered.</li></ul>
<b>Lump Sum Distribution:</b> <p>Capital gain, one-time distribution from an IRA or pension, or another situation in which the money was not received in the previous year and will not be received in the next year.</p>	<ul style="list-style-type: none"><li>• Documentation showing where the funds are now or how they were used.</li></ul>

Banner ID: \_\_\_\_\_

Name: \_\_\_\_\_

## Special Circumstance

Select one option below and submit a statement explaining how the circumstance has impacted your financial situation.

☐ Lump Sum Distribution

☐ Unusually High Medical Expenses

☐ Death of Parent or Spouse

☐ Separation or Divorce

☐ Loss of Benefits

☐ Loss of/Change in Employment

Date: \_\_\_\_\_

Legal Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### Complete the chart below if you had a Loss of/Change in Employment in 2026

	Income to Date (1/1/2026 - Today)	Estimated Income (Tomorrow - 12/31/2026)	Total
Anticipated Income for Parent 1	\$	\$	\$
Anticipated Income for Parent 2 (Skip if there is no Parent 2 on FAFSA)	\$	\$	\$
Anticipated Income for Student	\$	\$	\$
Anticipated Income for Student's Spouse (if married)	\$	\$	\$
Employer Severance	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Worker's Compensation	\$	\$	\$
Social Security or Disability Benefits	\$	\$	\$
Child Support Received	\$	\$	\$
Other Sources of Income (interest, pensions, annuities, capital gains, etc.) Source: _____	\$	\$	\$

### Certification and Signature (signatures must be handwritten):

I certify that all the information reported is true and accurate to the best of my knowledge. I understand that if I do not provide the documentation required this request can be denied. I understand that I may submit only one request per academic year and that all decisions are final and at the discretion of the financial aid staff of Buffalo State University. 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: \_\_\_\_\_

### SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTS TO:

Financial Aid Office, MH 230; 1300 Elmwood Ave.; Buffalo, NY 14222-1095

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