



Return this form to:
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2023-2024 APPEAL FOR EXTENUATING CIRCUMSTANCES

STUDENT INFORMATION:

Last Name _____ First Name _____ F# _____

INSTRUCTIONS:

If you believe you have experienced a significant loss in income, an adjustment to your 2023-2024 FAFSA may be possible. This form only deals with federal aid; it cannot be used to alter eligibility for state aid programs like TAP, SUNY Tuition Credit, or Excelsior. If your current EFC is zero, then you will not be eligible for this appeal.

DOCUMENTATION: All applications MUST include the following items.

- The reason for your appeal must be specified on the page #2. Including a statement explaining in what way the circumstance has altered your financial situation.
2021 Federal Tax Return (First 2 pages only) or Tax Return Transcript
2021 W-2 Earnings Statements.
The additional documentation as listed below.

Briefly describe your circumstances below. If you need more space, attach a separate page:

Multiple horizontal lines for writing the student's circumstances.

Extenuating Circumstances	Required Supporting Documentation
Loss of Employment: Job, benefits, or both have been lost, or earnings are now less in a newly acquired job. Only a significant income reduction may affect the financial aid offered.	<ul style="list-style-type: none"> ✓ Last pay stub showing year to date earnings. ✓ Termination notice from employer showing last date of employment. ✓ Unemployment statement showing amount received, benefit beginning and end dates.
Loss of an Untaxed Income: This may include the loss of one of the following. <ul style="list-style-type: none"> ○ Retirement/Pension ○ Social Security ○ Workers Compensation 	<ul style="list-style-type: none"> ✓ Original 2021 benefit statement listing the total amount received. ✓ Revised benefit statement listing updated amount received and effective date. ✓ Documentation of the loss of support.
Separation or Divorce: Separation or divorce AFTER filing the FAFSA, but no later than 12/31/2023. Also, parties that are still living in the same household will not be considered.	<ul style="list-style-type: none"> ✓ Divorce Decree or Separation Agreement. ✓ Proof of separate residences. ✓ Child Support or Alimony being received.
Death of Parent or Spouse: Your parent or spouse has passed away since filing your FAFSA.	<ul style="list-style-type: none"> ✓ Copy of death certificate ✓ W-2 of the deceased
Medical/Dental Expenses NOT covered by Insurance: Out of pocket medical or dental expenses paid in 2021 (Tax year) or 2023 (Current year) beyond the amount already factored into the federal EFC formula. Costs paid by insurance or someone else cannot be counted.	<ul style="list-style-type: none"> ✓ Copy of schedule A- itemized deductions from your federal tax return OR proof of out of pocket medical, dental, or eye care payments. ✓ Letter from insurance company showing medical and dental expenses not covered by insurance.
One-Time taxable income used for a life changing event: IRA, Pension Distribution, Back-Year child support, etc.	<ul style="list-style-type: none"> ✓ Copy of statement showing payments received. ✓ Verification of use of funds. Payments toward consumer debt will not be considered. ✓ Why income cannot be used for educational expenses.
Cost of Attendance: describe in detail the COA budget component that needs to be considered for a potential adjustment and which may allow for an increase in aid funds. The following components are considered cost of attendance: room, food, transportation and technology	<ul style="list-style-type: none"> ✓ Room – copy of lease ✓ Food – copy of SNAP/food stamp benefits ✓ Transportation – proof of travel expenses incurred ✓ Technology – receipt of purchased technology (i.e.: laptop, pc, etc.)

REASON FOR APPEAL:

Please only select one. Provide a statement detailing how the circumstances selected have impacted your financial situation.

- Medical or dental expenses not covered by insurance.
- One-time taxable income used for life changing even.
- Loss of untaxed income. Date of change: _____
- Separation or Divorce. Date of separation/divorce: _____
- Death of Parent or Spouse. Date of death: _____
- Loss of Employment. Last date of employment: _____

Expected Income Type	Income to Date (1/1/23 – Today)	Estimated Income (Tomorrow – 12/31/24)	Total
Expected income of Parent #1	\$: _____	\$: _____	\$: _____
Expected income of Parent #2	\$: _____	\$: _____	\$: _____
Expected income earned by Student	\$: _____	\$: _____	\$: _____
Expected income earned by Spouse (Married, Independent students)	\$: _____	\$: _____	\$: _____
Severance Package	\$: _____	\$: _____	\$: _____
Other taxable income: (Dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) Source: _____	\$: _____	\$: _____	\$: _____
Social Security Benefits	\$: _____	\$: _____	\$: _____
Child Support Received	\$: _____	\$: _____	\$: _____
Other untaxed Income: Pre-Tax pension contributions, interest or dividends, worker's compensation, IRA, Keogh, Money received or paid on your behalf	\$: _____	\$: _____	\$: _____
Child Support Paid	\$: _____	\$: _____	\$: _____
Cost of Attendance			\$: _____

CERTIFICATION AND SIGNATURE

I certify that all information provide in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail time, or both. I authorize the State University of New York at Fredonia to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: _____ **Date:** _____ **Parent Signature:** _____ **Date:** _____