

2024-2025 Special Circumstances Appeal Form

Ability to benefit from an appeal:

Read the following to determine if you will benefit from an appeal:

I filed my FAFSA and received an
Student Aid Index (SAI) of Zero (0) or a
negative SAI. → You are already receiving the maximum in federal aid.
Submitting this form will not result in any changes.

I am appealing for more NY State aid
(TAP grant or NY State scholarships) → This appeal process does not affect your NYS aid. You may
wish to inquire with NYS HESC directly by going to
hesc.ny.gov/contact-hesc.

I have excessive out-of-pocket medical
expenses → We can only consider an appeal for PAID medical expenses
that exceed 7.5% of your family's AGI in the year they were
incurred.

I am a NY State Excelsior Scholarship
recipient → Federal Pell grant increases due to this appeal will cause a
corresponding decrease to your NYS Excelsior Scholarship, or
may reduce your Excelsior to zero. This is a NYS regulation and
not something our office can impact.

TO QUALIFY FOR A REVIEW, YOU MUST:

1. Write a letter explaining your particular situation
2. Choose one or more of the situations outlined on the following pages
3. Complete all pages of this form
4. Provide all requested documentation

**If you have other circumstances not mentioned on this form but you feel should be taken into consideration, please write a detailed description of your circumstance, including the student's name and B#, and we will review your individual circumstances and determine if any change is possible to your financial aid offer.*

HOW TO SUBMIT DOCUMENTS:

Documents may be uploaded securely by visiting my.binghamton.edu and clicking on **Financial Aid and Student Records Document Submission** (available links section on the left). Select "Financial Aid Documents" to identify the type of document you are submitting. *Scanned or attached documents will no longer be accepted via email.*

CIRCUMSTANCE

Loss of Income or Employment in 2023

Income/benefits in 2023 were less than that in 2022.

Person Whose Income is Affected:

- Parent 1 (father/mother/stepparent) Parent Name: _____
- Parent 2 (father/mother/stepparent) Parent Name: _____
- Student

Required Documentation:

- Family Size Form (see page 4) and Statement (see page 5)
- Signed 2023 Federal Tax Return (Form 1040 + all schedules)

Loss of Income or Employment in 2024

Income/benefits in 2024 will be less than that in 2022 and 2023. Eight (8) weeks must have passed prior to submission of this appeal.

Person Whose Income is Affected:

- Parent 1 (father/mother/stepparent) Parent Name: _____
 - Date of layoff/termination (if applicable): _____
- Parent 2 (father/mother/stepparent) Parent Name: _____
 - Date of layoff/termination (if applicable): _____
- Student
 - Date of layoff/termination (if applicable): _____

- Has the parent/student started another job? NO YES If yes, give start date: _____

Type of Income Affected:

<input type="checkbox"/> Wages/Employment	<input type="checkbox"/> Retirement/Pension^
<input type="checkbox"/> Business Income*	<input type="checkbox"/> Social Security (taxed)^
<input type="checkbox"/> Alimony^	<input type="checkbox"/> Worker's Compensation^
<input type="checkbox"/> Child Support^	

Required Documentation:

- Family Size Form (see page 4) and Statement (see page 5)
- Copy of termination notice from employer
- Unemployment benefits notice, if applicable
- Final Paystub from prior employer showing Year-to-Date earnings
- Most recent paystub showing 2024 Year-To-Date earnings from both parents (if applicable)
- * if due to a loss of business income, your 2024 tax return is required before an appeal is considered
- ^ if your appeal is due to loss of alimony, child support, retirement/pension, social security, or worker's compensation, please supply supporting documentation of affected income.

Death of a Parent

A parent died after filing the FAFSA

Parent's Name: _____ Date of death: _____

Required Documentation:

- Family Size Form (see page 4) and Statement (see page 5)
- Copy of death certificate or obituary
- Copy of parent(s) 2022 W-2s (from both parents, if applicable)



Separation or Divorce

Your parents or you separated or divorced after filing 2022 taxes.

Please note that your parents must be residing in separate households and provide documentation.

Date of separation/divorce: _____

Which parent will provide the most financial support?

Parent 1 Name: _____
or
 Parent 2 Name: _____

Parent Assets: Only report the parent who will provide the most support to the student:

As of today, what is the amount of your cash, savings, and checking accounts? Learn more.	\$
As of today, what is the net worth of your investments, including real estate? Don't include the home in which your parents live. Net worth means current value minus debt. Learn more.	\$
As of today, what is the net worth of your current businesses and/or investment farms? Learn more.	\$
Enter the total amount of child support you received for the last complete calendar year (January–December) for all children included in the family size. Learn more.	\$

Required Documentation:

- Family Size Form (see page 4) and Statement (see page 5)
- Copy of parent 2022 W-2s (from the parent who is supporting the student as indicated above)
- A copy of **one** of the following:
 - Legal Separation Agreement
 - Court Divorce Decree
 - Proof of Separate Addresses (*rental or lease agreement, or canceled rent checks for 3 months or for the parent that moved to a different location: 3 months utility bills [i.e., gas, electric, cable] or other legal or notarized document*)
- Documentation of spousal support and/or child support



Medical or Dental Expenses (paid out-of-pocket) in 2022 or 2023

Only significant, out-of-pocket, paid medical/dental expenses not covered by insurance in a 12-month calendar year can be considered.

Please select the year you wish to claim: 2022 2023

Required Documentation:

- Family Size Form (see page 4) and Statement (see page 5)
- Submit copies of supporting documentation as proof of out-of-pocket payments based on your selected year. This may include the Federal income tax return, Schedule A—Itemized Deductions or receipts showing payment of medical expenses.

Note: Do not include payments covered by insurance or other resources. Please note: we cannot take into consideration payments made by insurance, unpaid invoices, handwritten confirmations of payments, or explanation of benefits or account statements.



One Time (Lump Sum) Payment Received

A one-time, lump sum payment was received in 2022. Funds must no longer available for educational expenses.

When was this one-time-only lump sum payment received? _____

Where is the one-time-only lump sum money from? _____

How much was received in this one-time only lump sum payment? _____

How was this one-time-only lump sum money used? _____

How much of this one-time-only lump sum money is left at this time? _____

Do you expect to receive this one-time-only lump sum payment again? YES NO If Yes, when? _____

Required Documentation:

- Family Size Form (see page 4) and Statement (see page 5)
- Documentation of one-time lump sum
- Signed 2022 Federal Tax Return (Form 1040 + all schedules)
- Signed 2023 Federal Tax Return (Form 1040 + all schedules)

FAMILY SIZE Required for all appeals

In the chart below, write in the name, age, and relationship of your **legal parent(s)** that would provide more than half of your **financial support even if you do not reside with them** from July 1, 2024 through June 30, 2025. A legal parent is a biological, adoptive, and/or Stepparent.

- If your legal parents are **married and living together**, list both parents below.
- If your legal parents are **not married, but live together**, list both parents below.
- If your legal parents are **separated, divorced, or widowed**, list your **legal parent(s)** that would provide more than half of your **financial support even if you do not reside with them**.
 - If that parent is **remarried**, you must also list your Stepparent.

In the chart below also write in the name, age, and relationship of all the other people in that parent's household, be sure to include:

- **Yourself;**
- **Other children** that reside in that parent(s) household, if:
 - That parent(s) will provide more than half of their support from July 1, 2024 through June 30, 2025.
- **Other people if they now live with your parents** and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

Full Name	Age	Relationship to Student
Example: Ima Student	18	self

STATEMENT

Required for all appeals

You may use the space below or attach a separate page with your signed statement. If you are providing a separate page, you must provide a wet signature on the statement.

The signed statement should include exact details regarding your circumstances, including dates which the circumstances occurred and changes in income (if applicable).



By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of our knowledge.

Student Signature: _____ **Date:** _____
(handwritten signature required)

Parent Signature: _____ **Date:** _____
(handwritten signature required)