

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:

- Wages/Employment
- Business Income*
- Alimony^
- Child Support^
- Retirement/Pension^
- Social Security (taxed)^
- Worker's Compensation^

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:
 - o Legal Separation Agreement
 - o Court Divorce Decree
 - o 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.

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)