

## 2026-2027 Special Circumstances Appeal Form

**Before Submitting: Consider the following to determine if an appeal will benefit you:**

- **SAI of Zero or Negative:** If your FAFSA shows an SAI of 0 or negative, you are already receiving the maximum federal aid. An appeal will not change your aid.
- **NY State Aid:** This appeal process does not affect TAP or NYS scholarships. Contact NYS HESC directly: [hesc.ny.gov/contact-hesc](http://hesc.ny.gov/contact-hesc).
- **Medical Expenses:** Only PAID medical expenses exceeding 7.5% of your family's AGI can be considered.
- **Excelsior Scholarship:** A Pell Grant increase from this appeal may reduce or eliminate your Excelsior Scholarship due to NYS regulations.

We suggest speaking with a Financial Aid Counselor before filing an appeal to ensure your situation qualifies for a possible federal aid adjustment. Please note that the university does not offer institutional funding for hardship appeals, we only are able to reassess your federal aid eligibility.

**To Qualify for Review:**

1. **Write a letter** explaining your situation.
2. **Select applicable circumstances** from the provided list.
3. **Complete the entire form.**
4. **Submit all required documentation.**

*\*If your situation isn't listed, please provide a detailed description of your circumstances, including your name and B-number, and we will review for potential adjustments.*

**How to Submit:**

Upload documents securely via [my.binghamton.edu](http://my.binghamton.edu). Go to "Financial Aid and Student Records Document Submission," select "Financial Aid Documents" for your submission type.  
**Email submissions are no longer accepted.**

## CIRCUMSTANCE

**Loss of Income or Employment in 2025**

*Income/benefits in 2025 were less than that in 2024.*

**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 2025 Federal Tax Return (Form 1040 + all schedules)

**Loss of Income or Employment in 2026**

*Income/benefits in 2026 will be less than that in 2024 and 2025. 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 2026 Year-To-Date earnings from both parents (if applicable)

*\* if due to a loss of business income, your 2026 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) 2024 W-2s (from both parents, if applicable)



## Separation or Divorce

**Your parents or you separated or divorced after filing 2024 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? <a href="#">Learn more.</a>	\$
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. <a href="#">Learn more.</a>	\$
As of today, what is the net worth of your current businesses and/or investment farms? <a href="#">Learn more.</a>	\$
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. <a href="#">Learn more.</a>	\$

**Required Documentation:**

- Family Size Form (see page 4) and Statement (see page 5)
- Copy of parent 2024 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
  - Signed letter from lawyer/mediator/professional attesting to separation
- Documentation of spousal support and/or child support



## Medical or Dental Expenses (paid out-of-pocket) in 2024 or 2025

**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:  2024  2025

**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

Use the space below or attach a signed statement. If attaching a separate page, it must include a wet signature. Your statement should provide specific details, including relevant dates and any 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)*