



Financial Aid Office  
360 Choate Avenue  
Buffalo, NY 14220  
716.826.1200

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID \_\_\_\_\_

## 2025-2026 Special Conditions

If you have lost income based on one or more of the following conditions, adjustments to your 2025-2026 FAFSA information may be possible.

### Section 1: Required Documents

The following documentation is required for **all** circumstances. Required documentation not submitted with this appeal will cause a delay in the review process. You may also submit additional documentation not listed below if you feel it will support your situation.

- ✓ You **must attach a written statement** detailing the specifics of your circumstances and providing any pertinent information that will help us better understand your particular situation. Please include a timeline of events leading to your change in situation.
- ✓ **2023 Signed Federal Tax Return or Tax Return Transcript (Tax Account Transcripts will not be accepted)**
- ✓ **2023 W2 Wage Statements**
- ✓ **Any other requested documentation by the Special Conditions Committee**

| Extenuating Circumstance  | Dependent Student   | Independent Student   | Additional Required Documents   |
|---|---|---|---|
| <input type="checkbox"/> <b>Loss of Employment</b>  | Your or your parent(s)' income <u>was less</u> than that earned in 2023.                          | Your (and/or your spouse's) income <u>was less</u> than that earned in 2023.                            | <ul style="list-style-type: none"> <li>▪ Last pay stub showing year-to-date earnings</li> <li>▪ Termination notice from employer</li> <li>▪ Unemployment compensation documentation</li> </ul>                  |
| <input type="checkbox"/> <b>Separation or Divorce</b>   | Your parents separated or divorced AFTER filing the FAFSA.  | You and your spouse separated or divorced AFTER filing the FAFSA.                                       | <ul style="list-style-type: none"> <li>▪ Divorce decree or separation agreement and proof of separate addresses</li> </ul>  |
| <input type="checkbox"/> <b>Death of a Parent or Spouse</b>   | Your parents separated or divorced AFTER filing the FAFSA.  | You and your spouse separated or divorced AFTER filing the FAFSA.                                       | <ul style="list-style-type: none"> <li>▪ Divorce decree or separation agreement and proof of separate addresses</li> </ul>  |
| <input type="checkbox"/> <b>Other Loss of Income</b> <ul style="list-style-type: none"> <li>▪ Alimony</li> <li>▪ Child Support</li> <li>▪ Retirement/Pension</li> <li>▪ Social Security (taxed)</li> <li>▪ Worker's Compensation</li> </ul> | You or your parent(s)' received benefits in 2023 which have ceased or been reduced.               | You (and/or your spouse) received benefits in 2023 which have ceased or been reduced.                   | <ul style="list-style-type: none"> <li>▪ Original 2023 Benefit statement listing the total amount received</li> <li>▪ Revised Benefit statement listing updated amount to receive and effective date</li> </ul> |
| <input type="checkbox"/> <b>Medical and Dental Expenses not covered by insurance</b>  | Medical & dental expenses paid in 2023 by your parent(s) for members of your immediate household. | Medical and dental expenses paid in 2023 by you or your spouse for members of your immediate household. | <ul style="list-style-type: none"> <li>▪ Proof of medical, dental, and eye care payments</li> <li>▪ Letter from insurance company showing medical and dental expenses not covered by insurance</li> </ul>       |



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## Section 2: 2025 Income

Complete each line either by entering the amount received in 2025 or check the Not Applicable box to indicate that the income exclusions or untaxed income listed do not apply to you. In addition to the required documentation listed on page 1, **you must submit proof of all income numbers provided below.**

| Source of Income                  | Check if Item is Not Applicable | Parent / Stepparent 1 | Parent / Stepparent 2 | Student | Student's Spouse |
|-----------------------------------|---------------------------------|-----------------------|-----------------------|---------|------------------|
| Wages, Tips, Salary               | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Interest and/or Dividend Income   | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Unemployment Compensation         | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Pensions and /or Annuities        | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Severance Pay                     | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Retirement Benefits               | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Disability Benefits               | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Social Security Benefit (taxable) | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Child Support                     | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Alimony                           | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Welfare Benefits                  | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| Other:                            | <input type="checkbox"/>        | \$                    | \$                    | \$      | \$               |
| <b>TOTAL OF ALL INCOME:</b>       |                                 | \$                    | \$                    | \$      | \$               |
|                                   |                                 |                       |                       |         |                  |

## Section 3: Certification and Signature - Please handwritten your signature. Typed Signatures cannot be accepted.

I certify that all of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all extenuating circumstances are reviewed on a case-by-case basis and this written request does not guarantee approval and/or may not ultimately result in actual change in my financial aid award. **Decisions are final and will be communicated to the student via their Trocaire email account within two weeks from receipt of all documents.** This form only applies to federal aid (Title IV). It cannot be used to change state aid programs such as TAP, APTS, etc.

Student Signature: \_\_\_\_\_

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

Spouse's Signature: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

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