

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - www.buffalo.edu/financialaid/manage/forms/document-upload.html.
Submit your files with your UB Person Number included in the file name. All Financial Aid Forms require your legal name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name: _____ Last Name: _____ Person Number: _____

Parent Name: _____

Instructions

In certain situations, a dependent undergraduate student whose parent(s) are unable to obtain or repay a Federal Direct PLUS Loan may be eligible for an additional Federal Direct Unsubsidized Loan. Financial Aid Advisors may consider your debt to income ratio as well as the [2026 Poverty Guidelines](#) as published by the Department of Health and Human Services as factors in the appeal review.

Special Circumstances and Documentation Requirements (To be completed by parent)

Check the box that applies to you and submit the requested documentation. Write your student's person number on the top of each document submitted.

Reason for Request	Documentation to be Provided
<input type="checkbox"/> 1. I am willing to borrow but am unable to manage the additional debt.	- Attach proof of income - Explanation of circumstance - Complete Debt to Income Determination Worksheet on Page 2 Any other relevant information that will document the family's situation
<input type="checkbox"/> 2. I am on a fixed income (i.e. public assistance, disability benefits, social security, etc.).	Attach proof of income from agency which provides assistance
<input type="checkbox"/> 3. I am not a U.S. Citizen, National, Permanent Resident or Eligible Non-Citizen.	- Country of Citizenship: _____ - Attach proof of citizenship (cannot be expired) - Current U.S. Residency Status (check one): <input type="checkbox"/> Not Living in the U.S. <input type="checkbox"/> Not Applying for U.S. Residency <input type="checkbox"/> Applying for U.S. Residency (Application Date: _____)
<input type="checkbox"/> 4. I have filed for bankruptcy within the last 5 years and as a condition of my bankruptcy filing, I am not allowed to incur any additional debt.	Attach a copy of the filed bankruptcy paperwork (with parent name and stamp of the court to indicate that the paperwork has been filed) or letter from bankruptcy court or court trustee stating that as a condition of the bankruptcy filing, the parent may not incur any additional debt.
<input type="checkbox"/> 5. I am currently incarcerated.	- Attach proof of incarceration
<input type="checkbox"/> 6. I currently have a judgment lien on my property.	- Attach proof of judgment lien
<input type="checkbox"/> 7. I currently have one or more Federal Student Loans in default.	- Provide documentation of current status of loans

Person Number: _____

Debt to Income Determination Worksheet (Complete ONLY if you selected option 1 on page 1)

If your monthly expenses from Section B are greater than your monthly income from Section A, attach an explanation to clarify how you pay your monthly expenses. If your monthly income is less than what you reported on your FAFSA, attach an explanation. Debts with less than one year remaining will not be considered in the calculation.

Section A: Income	Monthly Gross Amount	Section B: Debt Obligations	Monthly Minimum Payment	# of Months Remaining
Gross Salary	\$	Mortgage (including principle, interest, taxes and insurance)	\$	
Self-Employment	\$	Home Equity Loan Payment	\$	
Spouse's Gross Salary	\$	Car Loan	\$	
Other	\$	Student Loan(s) for parent(s) included in FAFSA	\$	
Other	\$	Credit Card	\$	
Other	\$	Additional Car/Credit Card	\$	
Other	\$	Additional Car/Credit Card	\$	

*****IMPORTANT: Receipts/invoices must be submitted for all amounts indicated above.**

Certification and Signature – Please *handwrite* your signature. Typed Signatures cannot be accepted.

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement 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 sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office of Financial Aid Use Only

Advisor: _____ Date: _____

Sufficient Documentation Received: Yes No Additional Documentation Needed: _____

D/I%: _____ % _____

Changes to FAFSA Required? Yes No Selected for Verification? Yes No

Override Decision: Approved Denied Additional Unsubsidized Loan Offered? Yes No