

Student's Name: _____

Buff ID # _____

Before your status can be evaluated you must provide complete information regarding your estimates of the change in the financial situation for you, your spouse, or your parent(s). Please provide the best possible estimates for the period: January 1, 2023 to December 31, 2023.

B. Taxable Income for 2023

Attach statements or check stubs showing 2023 year-to-date earnings.

	You/Your Spouse	Your Parent(s)
How much you/your Parent 1 earned from work.	\$ _____	\$ _____
How much your spouse/your Parent 2 earned from work.	\$ _____	\$ _____
How much you/your spouse/your parent(s) received in unemployment benefits.	\$ _____	\$ _____
How much you/your spouse/your parent(s) had in other taxable income (i.e. interest, etc.)	\$ _____	\$ _____
Total 2023 Income.	\$ _____	\$ _____

C. Untaxed Income and Benefits for 2023

	You/Your Spouse	Your Parent(s)
Social Security Benefits.	\$ _____	\$ _____
Aid for Families with Dependent Children (AFDC or ADC)	\$ _____	\$ _____
Other untaxed income and benefits (i.e. child support, workers comp, military allowance, etc.).	\$ _____	\$ _____
Total 2023 Untaxed Income and Benefits.	\$ _____	\$ _____

D. Amount of Unusual Expenses that were paid in 2023

****For 2023 Medical expenses – attach 2023 tax return with Schedule A For 2023 -- attach copies of "PAID" receipts****

	You/Your Spouse	Your Parent(s)
Expense Type: _____	\$ _____	\$ _____
Expense Type: _____	\$ _____	\$ _____
Amount Paid by Insurance: _____	\$ _____	\$ _____
Net 2023 Unusual Expenses (total expenses minus insurance):	\$ _____	\$ _____

E. CERTIFICATION: By signing below, I certify that all of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. Income Tax Return. I also realize that if I do not give proof when asked, the student's application may not be processed for financial aid.

I understand my application will not be reviewed without the required documentation.

_____ Date: _____ Student's Signature	_____ Date: _____ Contributor Signature (Parent One)
_____ Date: _____ Contributor Signature (Spouse, if married)	_____ Date: _____ Contributor Signature (Parent Two, if married)

****With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.*

Student's Name: _____

Buff ID # _____

This section is for SFS Director use only

Approved Denied Initials: _____

Approved Denied Initials: _____

Approved Denied Initials: _____

Date Reviewed: _____

Student Financial Services Representative Signature: _____

Additional Director Comments:

