FORDHAM UNIVERSITY

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ESTIMATED YEARLY INCOME – DEPENDENT STUDENTS

SPECIAL CIRCUMSTANCES – LOSS OF INCOME

STUDENT:_____ FIDN**#:** A_____
Last name **First name**

Today's Date: _____

Your financial aid is based upon the data you supplied on your 2026-2027 Free Application for Federal Student Aid (FAFSA) application. The FAFSA data reflects information submitted from your family's 2024 Federal Income Tax return.

You indicated that your parents has/have experienced a substantial loss of earnings since the last completed tax year which will affect your family's ability to contribute to your education. If the loss of income has continued for at least 12 weeks, please complete all pages of the following Special Circumstances Estimated Yearly Income form and submit along with a copy of your parents 2024 IRS Tax Return Transcript including W2's.

Fordham University will review your information and make a determination whether this information will impact your aid eligibility. Please be aware that New York State TAP grant eligibility will continue to be based on actual 2024 state taxable income only. Appeals must be made directly to NYS regarding TAP.

Instructions:

1. Complete all sections of this form. (Any information left blank will result in a delay in the processing of this form)
2. ***FOR ZERO AMOUNTS, ENTER "0". DO NOT LEAVE BLANK.***
3. Attach supporting documentation for each item listed in Sections III and IV. Copies of most recent paystubs, W2's, bank statements, letters from employers, letters from insurance benefits, copies of unemployment benefits statements, copies of cancelled checks, etc. See page 4 for a list of acceptable documentation.
4. This form will be used to determine your eligibility for additional federal aid. If you wish to be considered for additional institutional aid, you must complete the CSS Profile. Additional institutional aid is not guaranteed and is based on available funding.

Section I –

List the family member(s) who are incurring loss of income and their relationship to the student.

Name Relationship

1. _____ _____

Section II – Members of household information

Last/First Name Include parents, and siblings/other living in the household if at least one-alf of support is provided	Age If 24 or older, explain reason for inclusion	Code* Select from below	2026-27 School Year			2025-26 School Year			
			Matriculated at least one term check one		Name of School/ College	Name of School/College	Year in School	Total Financial Aid	Parent's Contribution
			Full-time	Part-time					

***Relationship Codes:** **1** = Student's parent **2** = Student's stepparent **3** = Student's brother/sister **4** = Student's spouse **5** = Student's child/stepchild **6**= Student's grandparent **7**= Student's step-brother/sister **8** = Other**

**If "8 Other" provide Name_____ Relationship to Student_____ Support Provided $_____

Who claimed this person as a dependent on the 2025 taxes? Name: _____

Who will claim this person as a dependent on the 2026 taxes? Name: _____

Section III – Taxable and Untaxed Income (FOR ZERO AMOUNTS, ENTER "0". DO NOT LEAVE BLANK)

1) TAXABLE INCOME	January 1, 2026 through today	+	Today through Dec 31, 2026	=	Total Estimated for the 2026 Year	Office Use Only
A) Gross Earnings from work for Father (i.e. last pay stub)	$	+	$	=	$	$
B) Gross Earnings from work for Mother (i.e. last pay stub)	$	+	$	=	$	$
C) Severance Package (i.e. benefit statements or stubs)	$	+	$	=	$	$
D) Interest Income (i.e. bank statements)	$	+	$	=	$	$
E) Dividend Income (i.e. bank statements)	$	+	$	=	$	$
F) Alimony received (i.e. copies of cancelled checks)	$	+	$	=	$	$
G) Business or Farm Income	$	+	$	=	$	$
H) Taxable IRA Distribution, Pensions and Annuities (i.e. bank statement)	$	+	$	=	$	$
I) Rental Real Estate, Royalties, Partnerships, S Corps., etc.	$	+	$	=	$	$
J) Unemployment Compensation (i.e. benefit statements or stubs)	$	+	$	=	$	$
K) Social Security Benefits (i.e. benefit statements or stubs)	$	+	$	=	$	$
L) Insurance Benefits (i.e. benefit statements or stubs)	$	+	$	=	$	$
M) Other (list source_____)	$	+	$	=	$	$
Total Taxable Income for 2026 (Add A through M)	$	+	$	=	$	$
2) UNTAXED INCOME	January 1, 2026 through today	+	Today through Dec 31, 2026	=	Total for the 2026 Year	Office Use Only
N) Tax Exempt Interest (i.e. bank statements)	$	+	$	=	$	$
O) Untaxed Portions of pensions and annuities, excluding rollovers (i.e. bank statements)	$	+	$	=	$	$
P) Untaxed portions of Individual Retirement Arrangement (IRA, or Individual Retirement Account) distributions (withdrawals)	$	+	$	=	$	$
Q) IRA deductions/payments to SEP/Keogh or other qualified plans	$	+	$	=	$	$
R) Foreign Earned Income Exclusion	$	+	$	=	$	$
Total Untaxed Income for 2026 (Add N through R)	$	+	$	=	$	$
3) TOTAL INCOME (1) Taxable Income plus (2) Untaxed Income	$	+	$	=	$	$

Section IV – Assets Information Required

Please provide the information below as of the date you signed your FAFSA

Parents Assets	Value	Debt
What was your parents total balance of cash, savings and checking accounts as of the date you completed the FAFSA?	$_____	
Do your parents own or rent their home? Circle One: Own ☐ Rent ☐ Parents monthly mortgage/rent payment $_____		
Primary Residence: If parents owns their home provide: Year purchased_____ Purchase price $_____	$_____	$_____
Investment – Real Estate Real Estate – Provide address below (do not include the home you live in) Address 1:_____ Address 2:_____ Address 3:_____	$_____	$_____
Investments - Other a. Money Market funds, mutual funds and trust funds b. Certificates of deposit, stocks, stock option, bonds, other securities, education IRA's and college savings plans c. DO NOT INCLUDE life insurance policies, retirement plans or pre-paid tuition plans	$_____	$_____
Total Child Support Received in 2024: $_____		
Business/Farm - Type of business/farm: ☐ Not applicable ☐ Sole proprietor ☐ Corporation ☐ Partnership Your percentage of ownership_____% Number of employees _____	$_____	$_____

Please provide the information below as of the date you signed your FAFSA

Students Assets	Value	Debt
What was your total balance of cash, savings and checking accounts as of the date you completed the FAFSA?	$_____	
Do you own a home? Circle One: Yes ☐ No ☐ Students monthly mortgage/rent payment $_____		
Student's Property/Home (if applicable): If student own their home provide: Year purchased_____ Purchase price $_____	$_____	$_____
Investment – Real Estate Real Estate – Provide address below (do not include the home you live in) Address 1:_____	$_____	$_____
Investments - Other a. Money Market funds, mutual funds and trust funds b. Certificates of deposit, stocks, stock option, bonds, other securities, education IRA's and college savings plans c. DO NOT INCLUDE life insurance policies, retirement plans or pre-paid tuition plans	$_____	$_____
Total Child Support Received in 2024: $_____		
Business/Farm - Type of business/farm: ☐ Not applicable ☐ Sole proprietor ☐ Corporation ☐ Partnership Your percentage of ownership_____% Number of employees _____	$_____	$_____

All of the information on this form is true and complete to the best of my knowledge. 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., state, or local income tax returns. I certify that all information is correct at this time, and that I will send timely notice of any significant changes. I understand that purposely giving false or misleading information may result in financial or criminal repercussions. Please confirm this statement with a handwritten signature. *We do not accept electronic signatures.*

Parent's Name (print): _____ **Parent's Signature:** _____ **Date:** _____

Parent's Name (print): _____ **Parent's Signature:** _____ **Date:** _____

Student's Name (print): _____ **Student's Signature:** _____ **Date:** _____

Office Use Only

Cnslr: (print name)_____ Cnslr: (Signature)_____ Date:_____

Manager:_____ Signature:_____ Date: _____

PJ Performed: Yes / No New AGI:_____ New Tax Paid:_____ New SAI: _____

List of Acceptable Documentation to Project

ESTIMATED YEARLY INCOME

All circumstances require the following:

1. Copies of parent(s) and/or student's federal 2024 and 2025 IRS Tax Return Transcript and all related Schedules and all W2's
2. A concise statement describing the situation and the extent of the change.
3. Special Circumstances Estimated Yearly Income Form
4. Documentation that confirms the event occurred, the date of the occurrence, and any monetary benefits to be received as a result of the occurrence. This includes, but is not limited to:

A) Divorce/Separation

(1) Copy of Non-Custodial Parent's Statement.
(2) Divorce or Legal separation court statements
(3) If no legal separation exists, proof of sparent's separate residences such as utility bills, leases, in addition to documentation from an objective third party acting in a professional capacity, i.e. attorney, counselor, etc.

B) Death of a Wage earner

(1) Copy of death certificate
(2) Insurance benefits
(3) Employer benefits and/or other benefits or payouts
(4) Social Security

C) Loss of Employment

(1) Letter from previous employer indicating last date of employment and amount of benefits to be paid out (i.e. severance pay, vacation pay, etc.)
(2) Copy of the final pay stub from previous employer.
(3) Notice from Bureau of Unemployment, which indicates eligibility or ineligibility for unemployment compensation.

D) Loss of, or decrease in, benefits

(1) Copy of a notice of benefit termination, or change in benefit
(2) Copy of the court order that specifies when the benefit payments cease.

E) Receipt of non-recurring income

(1) Documents from a company, bank, or agency that state the source of the income and confirm that the income is non-recurring.
(2) Summary of how the income was utilized and how much is being reported as an asset
(3) Tax return from the prior year as well as the base year to confirm the benefit was not also received in prior years.