

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 - [financialaid.buffalo.edu/forms/documentation-upload-center/](http://financialaid.buffalo.edu/forms/documentation-upload-center/). Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name.
- Fax to 716-645-6566
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

Health Professions Student Loans are low-interest, need-based federal loans offered to eligible full-time pharmacy & dental students. This loan does not accrue interest until after 12 months after the completion of your program; or termination of full time study. The current interest rate is 5% annually. The award amount is determined by the number of qualified applicants and availability of funds. To be considered for this loan students must:

- Include Parental information on the FAFSA-even if you are married, or your parent(s) live outside of the United States.
- If your parent did not file taxes in 2019, they will need to obtain an IRS letter of Non-Filing at [irs.gov](http://irs.gov).

Incomplete applications at the time of review will not be considered. Once the review is complete, your FAFSA will be corrected where applicable and notification of eligibility will be sent to your UB email address.

### Section 1: Tax Filers

Place an X next to the statement that best represents your and your parents' or stepparents' 2019 tax filing status and complete the corresponding instructions below.

Filing Status (Student and parent should each select only one)	Student	Parent 1	Parent 2
1. I filed a federal tax return (1040 form).			
2. I filed an amended tax return (1040X).			
3. I filed a foreign tax return.			
Please attach a copy of the <b>first two pages of your and your parents' 2019 Federal tax return</b> and complete section 4 on the next page. Foreign tax filers must submit an authenticated English translation along with a copy of the tax return.			
	Student	Parent (s)	
4. I did not file a 2019 tax return			

If you and or your parent did not file a tax return complete sections 2 and 3 on the following page.

Additional Untaxed Income	Student	Parents(s)
1. Rollover amount included in the IRA distribution listed on your tax return.		
2. IRA deductions and payments to: self-employed SEP SIMPLE, KEOGH and other qualified plans		
3. Tax exempt interest		
4. Untaxed portions of IRA distributions		
5. Untaxed portions of pensions		

UB Person Number \_\_\_\_\_

**Section 2: Parent- Non Tax Filer**

Did you and/or your spouse earn wages from work in 2019? **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

- If you answered **NO** and you did **not** earn wages form work, skip this section and go on to Section 4:
- If you answered **YES**, and you did earn wages from work and did NOT file a tax return, list the employer, the amount earned and attach the corresponding W2 statement(s).

Employer Name	Income earned in 2019	Parent 1	Parent 2
Example: Greg's Tailor and Alterations	5,000.00	X	

**Section 3: Student (and Spouse) Non Tax Filer**

Did you and or your spouse earn wages from work in 2019: **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

- If you answered **NO** and you did **not** earn wages from work, skip this section and go on to section 4.
- If you answered **YES**, and you did earn wages from work and did NOT file a tax return, list the employer, the amount earned and attach the corresponding W2 statement(s).

Employer Name	Income earned in 2019	Student	Spouse
Example: Greg's Tailor and Alterations	5,000.00	X	

**Section 4: 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 \_\_\_\_\_