



2025-2026 Change in Family Circumstances Appeal

STUDENT NAME: _____ OSU ID: _____

INSTRUCTIONS

The Ohio State University understands that the [Free Application for Federal Student Aid](#) (FAFSA) may not always capture the current financial snapshot of your family due to a change in circumstances and income within the household. If you have experienced a significant decrease in income or life event that has altered your income since completing the FAFSA, then you may submit this appeal form with supporting documentation so we may determine if these factors have an impact on your financial aid eligibility.

We strive to evaluate appeals within two weeks. Delays may occur during peak processing periods. If you have questions or need assistance completing this form, please contact [Buckeye Link](#) at help.osu.edu or 614-292-0300.

FAFSA COMPLETION

Has the student already filed a 2025-2026 FAFSA and sent the results to Ohio State?

- NO – Do not proceed.** Prior to submitting this form, please complete the FAFSA and include The Ohio State University school code (003090)
- YES –** Please note that you must also complete any outstanding financial aid requirements prior to our review of this change in circumstance appeal form. The status of existing financial aid requirements can be found on the student’s Financial Aid To Do List in Buckeye Link.

REASON(S) FOR APPEAL

Loss of income/benefits (<i>due to unemployment, loss of overtime, loss of non-recurring income/benefits, death of wage earner, divorce, separation, etc.</i>)		Effective date of change: _____
Select the tax year the loss of income/benefits occurred:	<input type="radio"/> 2024	<input type="radio"/> 2025
Other unusual/one-time occurrence expenses/payment (<i>please provide explanation of expenses</i>)		
Select the tax year the unreimbursed expenses occurred:	<input type="radio"/> 2024	<input type="radio"/> 2025
Amount paid:		
Unreimbursed medical/dental expenses (<i>out-of-pocket expenses after insurance payments, etc.</i>)		
Select the tax year the loss of income/benefits occurred:	<input type="radio"/> 2024	<input type="radio"/> 2025
Amount paid:		

EXPLANATION OF CIRCUMSTANCES

Please provide an explanation of circumstances or attach a personal statement pertaining to your appeal:



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ACTUAL 2024 INCOME

Please provide a copy of 2024 IRS 1040 and Schedules for each person listed on the student's 2025-26 FAFSA.

ANTICIPATED 2025 INCOME

Please provide all **anticipated** income from sources expected for the calendar year 2025. Include this information for each person listed on the student's 2025-26 FAFSA. If any item is not applicable, indicate 0.

Student/Spouse Estimated 2025 Taxable Income		Parent(s) (Dependent Students) Estimated 2025 Taxable Income	
Student's income		Father/stepfather's income	
Spouse's income (if applicable)		Mother/stepmother's income	
Other taxable income*		Other taxable income*	
Student total taxable income		Parent total taxable income	
*including, but not limited to, unemployment compensation, alimony received, distributions from IRA/pension/annuity, business income, gains, etc.			

Student/Spouse Estimated 2025 Non-taxable Income		Parent(s) (Dependent Students) Estimated 2025 Non-taxable Income	
Untaxed portions of IRA/pension/annuity disbursements		Untaxed portions of IRA/pension/annuity disbursements	
IRA deductions and payments		IRA deductions and payments	
Tax exempt interest income		Tax exempt interest income	

SUPPORTING DOCUMENTATION

Please include supporting documentation for your appeal. The lists below include examples of acceptable documentation but are not comprehensive; contact us directly if you have questions about what to include based on your circumstance.

Loss of Income/Benefits	Other one-time expenses/payments	Unreimbursed expenses
<ul style="list-style-type: none"> If year selected is 2024: Signed copy of parent(s) and student's IRS 1040 with Schedules & parent(s) and student's W-2(s) If year selected is 2025: Parent(s) and student's most recent earnings statements, pay stubs, and/or W-2(s) Letter from employer Unemployment benefits 	<ul style="list-style-type: none"> Signed letter from family detailing expenses for year selected Documentation of the one-time expense 	<ul style="list-style-type: none"> Receipts for out of pocket medical/dental payments for year selected Schedule A of IRS 1040 for year selected



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FINAL CHECKLIST BEFORE SUBMITTING THIS FORM

- Completed and signed appeal form and explanation of circumstances
Attached copies of all income and supporting documentation
Read and sign the appeal form certification section

CERTIFICATION AND SIGNATURES

- I acknowledge that all information on this form is true and complete and agree to notify Buckeye Link if my financial situation/circumstance changes from what I have reported on this appeal form.
I understand if this appeal is based on 2025 projections, 2025 tax returns for parent and/or student may be required at a later date.
I understand that the information I submit may be shared with university offices that have a need to know for purposes of reviewing and processing this appeal, and/or to comply with university policy or law.

HANDWRITTEN SIGNATURES ONLY.

Student Signature (do not type) Printed Name Date
Parent Signature (do not type) Printed Name Date

To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264 | Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300 or help.osu.edu.

Note: Do not submit this form or any supporting documents via email.

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