University of Idaho

Student Financial Aid Services
P. O. Box 444291
Moscow, ID 83844-4291
PHONE: 208-885-6312
FAX: 208-885-5592
EMAIL: finaid@uidaho.edu
WEB: www.uidaho.edu/financialaid

Office Use Only
Doc: PAXYR #16
Tkg Grp: _____
Comp. Date: _____
Comp. By: _____

2011-2012 Appeal for Recalculation of Parent Contribution

Student: _____ Student ID # or Social Security #: _____
Please Print
Today's Date: _____ Local Phone #: _____

You or your parent(s) have indicated that one or both of parents may have extenuating circumstances that could affect their ability to contribute to your education. This form asks for information needed to consider an appeal of the expected parental contribution. It should be submitted as part of a written appeal from the parent(s) or with the "**Parental Appeal Letter**" (Form **#**17 on our website).

In order to recalculate your eligibility (if the appeal is granted), we need your parent(s) to provide estimated 2011 income figures. **All questions must be answered; blank is not an answer. DO NOT** include any funds expected from financial aid and/or veteran's educational benefits. **Use gross income, not take home or net.**

Parent(s) Estimated Income for 2011	**January '11 – December '11**	**2011 Income Exclusions**
Wages, Salaries, Tips - Father / Stepfather	$ _____	Child support PAID because of divorce or separation by the parent/stepparent. (Do not include support for children living in your home). $ _____
Wages, Salaries, Tips - Mother / Stepmother	$ _____	
Unemployment Compensation	$_____	
Other Taxable Income in 2011		
Interest or Dividend income	$ _____	
Business or Farm income or (loss)	$ _____	
Capital gain or (loss)	$ _____	
IRA or Pension Distributions	$ _____	Education Credits (Hope and Lifetime Learning Tax Credits) from IRS Form 1040 line 49 or 1040A line 31. $_____
Rental income, partnership income or royalties	$ _____	
Other:_____	$_____	
Untaxed Income and Benefits in 2011		
Payments to tax-deferred pension and savings plans	$ _____	
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	$ _____	
Child support received for all children	$ _____	
Tax exempt interest income	$ _____	
Untaxed portions of IRA distributions	$ _____	
Untaxed portions of pensions	$ _____	
Value of free housing or other living expenses	$ _____	
Veterans noneducation benefits such as Disability, Death Pension, or DIC and/or VA Educational Work-Study Allowances	$_____	
First time homebuyer credit	$ _____	
Other untaxed income not reported, such as workers' compensation, disability, etc.	$ _____	

CERTIFICATION: By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____