

University of Idaho

Student Financial Aid Services
875 Perimeter Drive MS4291
Moscow, ID 83844-4291
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FAX: 208-885-5592
EMAIL: finaid@uidaho.edu
WEB: <https://www.uidaho.edu/financial-aid>

OFFICE USE ONLY
Doc: PXYR – A3

Parent Appeal 2020-2021

Student: _____
Please Print

Student V#: _____

Today's Date: _____

Phone #: _____

You or your parents have indicated that one or both of your parents may have extenuating circumstances that could affect their ability to contribute to your education. Please review below for required documentation based on each circumstance -

In all cases we will need:

A signed letter explaining the situation that you would like us to consider. You may use the space below or provide a separate letter if more space is needed.

Additionally, please provide the following documentation based on the appeal -

- 1) If your parent(s) have experienced a loss of income, please also provide:
 - a. Copies of supporting documentation such as last/most recent paystubs for both parents, unemployment letters, etc. If your parent is not earning income, please note this in the appeal letter.
 - b. Completed Recalculation of Parent Contribution form (second page of this appeal)
- 2) If your parent(s) have had significant out of pocket medical expenses that will not be covered by insurance:
 - a. Copies of receipts, invoices, the Explanation of Benefits from the insurance, or IRS 1040 Schedule A
- 3) If your parent(s) had a one-time, significant increase to income received in 2018 that is not reflective of typical income:
 - a. Copies of documentation reflecting the one-time income amount
 - b. Completed Recalculation of Parent Contribution form (second page of this appeal)

If your parents have had an extenuating circumstance not outlined above, or have questions related to the required documentation for the appeal, please contact our office for assistance.

CERTIFICATION: By signing this worksheet, I certify that all the information reported on it is complete and correct. The student and an appealing parent whose information was reported on the FAFSA must sign and date. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Parent Signature

Date

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Recalculation of Parent Contribution 2020-2021

Student: _____
Please Print

Student V#: _____

Today's Date: _____

Phone #: _____

Please submit this completed form (no blanks can be accepted in your responses below) along with your signed letter for circumstances of loss of income or significant one-time income event in 2018 that is not reflective of typical income and supporting documentation.

If you have not updated your 2020-2021 FAFSA with filed tax information we will not be able to apply these changes.

DO NOT include any funds expected from financial aid and/or veteran's educational benefits.
All questions must be answered; no blanks. Use gross income, not take-home or net.

| <u>Parent(s) Income</u> | <u>June 2020 – May 2021 (Total amount, not monthly amount)</u> |
|--|--|
| Wages, Salaries, Tips – Parent 1 | \$ _____ |
| Wages, Salaries, Tips – Parent 2 | \$ _____ |
| Unemployment Compensation | \$ _____ |
| <u>Other Taxable Income</u> | |
| Interest or Dividend income | \$ _____ |
| Business or Farm income or (loss) | \$ _____ |
| Capital gain or (loss) | \$ _____ |
| IRA or Pension Distributions | \$ _____ |
| Rental income, partnership income or royalties | \$ _____ |
| Other: _____ | \$ _____ |
| <u>Untaxed Income and Benefits</u> | |
| 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 | \$ _____ |
| Military or clergy value of free housing/other living expenses | \$ _____ |
| Veteran's non-education benefits such as Disability, Death Pension, or DIC and/or VA Educational Work-Study Allowances | \$ _____ |
| Other untaxed income not reported, such as workers' compensation, disability (not SSI), etc. | \$ _____ |
| <u>Income Exclusions</u> | |
| Child support paid by the parent (not including support for children living in your home) | \$ _____ |

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Parent Signature

Date