

University of Idaho

Student Financial Aid Services
875 Perimeter Drive MS4291
Moscow, ID 83844-4291
PHONE: 208-885-6312
FAX: 208-885-5592
EMAIL: finaid@uidaho.edu
WEB: <https://www.uidaho.edu/financial-aid>

OFFICE USE ONLY
Doc: SXYR – A4

Student/Spouse Appeal 2020-2021

Student: _____
Please Print

Student V#: _____

Today's Date: _____

Phone #: _____

You have indicated that you (or your spouse if applicable) may have extenuating circumstances that could affect your 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 you (or your spouse if applicable) have experienced a loss of income, please also provide:
 - a. Copies of supporting documentation such as last/most recent paystubs for both you (and your spouse if applicable), unemployment letters, etc. If you (or your spouse if applicable) are not earning income, please note this in the appeal letter.
 - b. Completed Recalculation of Student Contribution form (attached to this appeal)
- 2) If you (or your spouse if applicable) 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 you (or your spouse if applicable) 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 Student Contribution form (attached to this appeal)

If you 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 (we) certify that all the information above is complete and correct. The student (and a parent or spouse whose information was reported on the FAFSA, if applicable) must sign and date. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature _____

Date _____

University of Idaho

Student Financial Aid Services
 875 Perimeter Drive MS4291
 Moscow, ID 83844-4291
 PHONE: 208-885-6312
 FAX: 208-885-5592
 EMAIL: finaid@uidaho.edu
 WEB: <https://www.uidaho.edu/financial-aid>

OFFICE USE ONLY
 Doc: SXYR – A4

Recalculation of Student 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 2020-21 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>Student (& Spouse if Applicable) Income</u>	<u>June/July/August 2020 (total \$)</u>	<u>September 2020 – May 2021 (total \$)</u>
Wages, Salaries, Tips – Student	\$ _____	\$ _____
Wages, Salaries, Tips – Spouse (if applicable)	\$ _____	\$ _____
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 student (not including support for children living in your home)	\$ _____	\$ _____

CERTIFICATION: By signing this worksheet, I (we) certify that all the information above is complete and correct. The student (and a parent or spouse whose information was reported on the FAFSA, if applicable) must sign and date. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

 Student Signature

 Date