

2017-2018 FAFSA Income Appeal Form

Student's Name: _____ Student ID #: _____

The purpose of this appeal is to report reductions in family income not reflected on the Free Application for Federal Student Aid (FAFSA) form. You must be admitted to Regis University and a FAFSA must be on file in our office prior to submission of this appeal form.

The following documents are required for ALL Income Appeals:

- ★ **2017-2018 FAFSA Income Appeal Form (2 pages)**
- ★ **Appeal Letter** – Provide a detailed letter explaining your extenuating circumstances with all relevant information and dates.
- ★ **2017-2018 Institutional Verification Form** – available at www.regis.edu/faforms under the “2017-2018 Form” tab.
- ★ **2015 IRS Tax Return Transcript** – required for both student and spouse/parent(s). Available at <https://www.irs.gov/Individuals/Get-Transcript>.
- ★ **Supporting Documentation** - See below for required documentation.

Please indicate the reason for your appeal below (check all that apply):

******ALL SUPPORTING DOCUMENTATION LISTED MUST BE ATTACHED FOR THE REQUEST TO BE REVIEWED******

- A. Tuition expenses at an elementary or secondary school**
 1. Tuition Statement with student's name and charges for the **2017-18 academic year**.
Tuition statements for any other academic year will not be accepted
- B. Divorce or separation not reported on the FAFSA**
 1. Divorce decree or documentation of legal separation
 2. 2015 W-2 forms for both parties
- C. Termination of Child Support or Spousal Support**
 1. Court documents confirming the last date support will be received
- D. One-time adjustment to income (taxed or untaxed)**
 1. Documentation confirming amount and source
 2. **2016 IRS Tax Return Transcript** available at <https://www.irs.gov/Individuals/Get-Transcript> approximately 4 weeks after 2016 return is filed.

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E. Unemployment of student/spouse or parent for at least 3 months in 2017.

1. Documentation from employer verifying last date of employment
2. Final paystub reflecting year-to-date earnings
3. Documentation of all other income that the student or spouse/parent has received or anticipates receiving (from January 1, 2017 to December 31, 2017), both earned and untaxed, including severance, etc.
4. 2015 W-2 forms (if student or parent is married, spouse's 2015 W-2's are also required)
5. Documentation of unemployment benefits received in 2017
6. **2016 IRS Tax Return Transcript** available at <https://www.irs.gov/Individuals/Get-Transcript> approximately 4 weeks after 2016 return is filed.

F. Reduction in hours or wages in 2017 for student/spouse or parent

1. **Two (2)** most recent paystubs showing year-to-date earnings
2. Documentation of all other income that the student or spouse/parent has received or anticipates receiving (from January 1, 2017 to December 31, 2017), both earned and untaxed, including severance, final paystubs reflecting year-to-date earnings from previous employer(s) in 2017, documentation of unemployment benefits, etc.
3. 2015 W-2 forms (if student or parent is married, spouse's 2015 W-2's are also required)
4. **2016 IRS Tax Return Transcript** available at <https://www.irs.gov/Individuals/Get-Transcript> approximately 4 weeks after 2016 return is filed.

G. Medical/Dental expenses already paid out-of-pocket that were not covered by insurance (amount must exceed 11% of adjusted gross income and cannot include insurance premiums or outstanding bills not yet paid)

1. Itemized list of expenses with corresponding payment receipts or other documentation of payment (such as a statement from the medical facility showing payments already made). Expenses for **one calendar year** may be included. Medical expenses incurred that have not yet been paid cannot be included in the appeal.

***Please note: We may request additional documentation from you in order to review your appeal.**

I/We understand that, as part of the verification and appeal process, my financial aid eligibility may increase, decrease, or remain the same based on the documents I submit. I/we certify that the information submitted with this appeal is true, accurate, and complete to the best of my/our knowledge. If asked, I/we agree to provide proof of the information provided on this form.

Student's Signature

Date

Parent's Signature

Date

This appeal and supporting documentation will be reviewed within 4 to 6 weeks, and we will notify you by email as to the outcome.