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## 2018-2019 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.

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### **SECTION 1**

These documents are required for ALL Income Appeals

- 2018-2019 FAFSA Income Appeal Form (2 pages)**
- Appeal Letter** – Provide a detailed letter explaining your extenuating circumstances with all relevant information and dates.
- 2018-2019 Institutional Verification Form** – available at [www.regis.edu/faforms](http://www.regis.edu/faforms) under the “2018-2019 Form” tab.
- 2016 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.

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### **SECTION 2**

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

**\*\*\*\*ALL SUPPORTING DOCUMENTATION LISTED FOR EACH REASON 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 **2018-19** academic year.
- B. Divorce or separation not reported on the FAFSA**
  - 1. Divorce decree or documentation of legal separation
  - 2. 2016 W-2 forms for both parties
- C. Termination or reduction of Child Support or Spousal Support**
  - 1. Court documents confirming the last date support will be received or verifying the new amount
- D. One-time adjustment to income (taxed or untaxed)**
  - 1. Documentation confirming amount and source
  - 2. **2017 IRS Tax Return Transcript** available at <https://www.irs.gov/Individuals/Get-Transcript> approximately 4 weeks after 2017 return is filed.

**Page 2: Income Appeal Form**

**E. Unemployment of student/spouse or parent for *at least 3 months* in 2018.**

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, 2018 to December 31, 2018), both earned and untaxed, including severance, unemployment benefits, etc.
4. 2016 & 2017 W-2 forms (if student or parent is married, spouse's W-2's are also required)
5. **2017 IRS Tax Return Transcript** available at <https://www.irs.gov/Individuals/Get-Transcript> approximately 4 weeks after 2017 return is filed.

**F. Reduction in hours or wages in 2018 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, 2018 to December 31, 2018), both earned and untaxed, including severance, final paystubs reflecting year-to-date earnings from previous employer(s) in 2018, documentation of unemployment benefits, etc.
3. 2016 & 2017 W-2 forms (if student or parent is married, spouse's W-2's are also required)
4. **2017 IRS Tax Return Transcript** available at <https://www.irs.gov/Individuals/Get-Transcript> approximately 4 weeks after 2017 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 reported on FAFSA 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 (either 2016, 2017, or 2018), and those same expenses cannot be appealed again in another FAFSA year.

**H. Other** – Please explain the details in your appeal letter and provide supporting documentation.

**\*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.**