



2021-22 APPEAL FOR RECALCULATION OF PARENT CONTRIBUTION

Student's Last Name First Name MI CUH ID Number

Parent's Name

Parent's Daytime Phone # Parent's Email Address:

Parents experiencing a change in financial circumstances that impacts their ability to finance their student's education may be eligible for a re-calculation of their Expected Family Contribution (EFC). To be considered for this re-calculation, students and their families must meet the guidelines below, explain the circumstances in a letter, and provide documentation of the change.

The Higher Education Act allows financial aid administrators to address unusual circumstances utilizing professional judgment. While we welcome the opportunity to review a family's unique situation, we cannot guarantee that the review will increase eligible aid awarded. Requests, if approved, are granted on a one-time, case-by-case basis. All review decisions are final.

Additional documents may be requested based on information and original documentation received.

The student must have completed the 2021-22 FAFSA at www.studentaid.gov before this form is submitted.

Circumstances that may not be considered: Expenses such as car payments/lease, consumer/credit card debt, high mortgage payments, matching offers from other colleges or universities, weddings, vacations, inability to liquidate assets, and/or other discretionary costs may not be considered. Although there may be exceptions, adjustments to financial aid eligibility are not typically made to reflect these circumstances.

<u>REASON FOR THIS APPEAL</u>	<u>REQUIRED DOCUMENTATION</u>
<p>Circumstances that may be considered are listed below. Please check any of the circumstances below which apply to you.</p>	<p>ALL APPEALS must include a signed and dated LETTER OF APPEAL from the student's parents explaining the situation. The letter must explain specifically and in as much detail as possible when, why and how their circumstances have changed.</p>
<p><u>Loss of Employment or a Significant Decrease in Income.</u> 2019 income is not reflective of current income due to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Loss of employment or reduction in wages or hours<input type="checkbox"/> Injury, disability, natural disaster which has resulted in significant decrease in earnings<input type="checkbox"/> Loss of benefits, such as unemployment, child support, etc.<input type="checkbox"/> Significant one-time increase in income was received in 2019 that is not reflective of typical annual income (capital gains, pensions, etc.)	<ul style="list-style-type: none">✓ The information requested on the next page of this form.✓ A complete copy of your MOST RECENT federal tax return, SIGNED by the taxpayer AND Copies of ALL W-2 WAGE STATEMENTS. <p>Other appropriate documentation to support the appeal such as:</p> <ul style="list-style-type: none">✓ A copy of the termination notice from the employer or copy of information from the employer explaining the reduction in wages or hours available for work.✓ A copy of unemployment benefit documentation.
<p><input type="checkbox"/> <u>Elementary/Secondary Private School Tuition K-12:</u> Expenses for children included in the parent's household size on the student's 2021-22 FAFSA</p>	<ul style="list-style-type: none">✓ A copy of the private school tuition contract(s) for the 2021-22 school year, or documentation from the school listing your family's out-of-pocket costs for the 2021-22 school year.
<p><input type="checkbox"/> <u>Medical Expenses:</u> Excessive out-of-pocket medical or dental expenses incurred in 2019 or 2020</p>	<ul style="list-style-type: none">✓ If the 2019 or 2020 Federal Income Tax Return was filed with Schedule A, provide a copy of Schedule A.✓ Provide documentation of medical bills paid during tax year 2019 or 2020 if no Schedule A was filed.
<p><input type="checkbox"/> <u>Other Extenuating Circumstances:</u> Other extenuating circumstances that have occurred since the filing of the 2021-22 FAFSA (separation, divorce or death of the student's father/step-father and/or mother/step-mother, for instance).</p>	<ul style="list-style-type: none">✓ <u>Signed letter of appeal from parents</u> specifically explaining the situation. Supporting documentation will be requested if needed.

FOR ALL APPEALS: A PARENT SIGNATURE IS REQUIRED ON THE CERTIFICATION AT THE BOTTOM OF THE NEXT PAGE

Student's Name: _____ Student's CUH ID #: _____
 Last First MI

ALL PARENTS MUST SIGN THE CERTIFICATION AT THE BOTTOM OF THIS PAGE

**ONLY THOSE PARENTS WHO HAD A LOSS OF EMPLOYMENT
 OR ANTICIPATE A SIGNIFICANT DECREASE IN THEIR INCOME FOR 2021
 ARE REQUIRED TO PROVIDE THE FOLLOWING 2021 INCOME INFORMATION**

If the appeal based on a loss of employment or significant decrease in income for 2021 is granted, in order to recalculate this student's parent contribution the **2021 income information about the PARENT(S)** must be provided below and included as part of the written appeal from the student's parent(s). All questions must be answered. Do not leave any item blank; if it does not apply, enter a "0." **DO NOT** include any funds expected from financial aid and/or veteran's educational benefits.

	2021-22 Academic Year	2021 Calendar Year
	<i>July 1, 2021 - June 30, 2022</i>	<i>January 1-December 31, 2021</i>
<u>ESTIMATED 2021 INCOME</u>		
Wages, Salaries, Tips – FAFSA Parent 1	\$ _____	\$ _____
Wages, Salaries, Tips – FAFSA Parent 2	\$ _____	\$ _____
Unemployment Compensation.....	\$ _____	\$ _____
<u>OTHER TAXABLE 2021 INCOME</u>		
Interest or Dividend Income	\$ _____	\$ _____
Business or Farm income or (loss).....	\$ _____	\$ _____
Capitol Gain or (loss).....	\$ _____	\$ _____
IRA or Pension Distributions.....	\$ _____	\$ _____
Rental income, partnership income or royalties.....	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<u>2021 INCOME EXCLUSIONS</u>		
Child support PAID by the parent and/or step-parent. Do NOT include support for children living in the parent's home	\$ _____	\$ _____
Education Credits from IRS form 1040 (Schedule 3, Line 3).....	\$ _____	\$ _____
<u>2021 UNTAXED INCOME AND BENEFITS</u>		
Payments to tax-deferred pension and savings plans	\$ _____	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keough 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.....	\$ _____	\$ _____
Veteran's non-education benefits such as Disability, Death Pension or DIC and/or VA Educational Work Study Allowances	\$ _____	\$ _____
Other untaxed income not reported above such as workers' compensation, disability, etc.....	\$ _____	\$ _____

CERTIFICATION: I affirm that the information provided on this form and attached documentation is accurate and complete to the best of my knowledge. I understand that completing this form does not guarantee that an appeal will be approved and/or that financial aid will be increased. I also understand that any revision based on this appeal information does not guarantee that the same adjustments will be made in future quarters or academic years.

Parent Signature: _____ Date: _____

For Financial Aid Office Use Only:

FAC: _____ Date: _____

Desired Outcome: _____

Reviewed by _____ Date _____

Comments _____