



**2021-22 APPEAL FOR RECALCULATION OF STUDENT'S EXPECTED CONTRIBUTION**

<b>Student's Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>CUH ID Number</b>
<b>Student's Daytime Phone #</b>		<b>Student's CUH Email Address</b>	

Students experiencing a change in financial circumstance that impacts their ability to finance their education for 2021-22 may be eligible for a re-calculation of their Expected Family Contribution (EFC) as calculated from the information provided on their 2021-22 FAFSA. To be considered for this re-calculation, students 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.

<b><u>REASON FOR THIS APPEAL</u></b>	<b><u>REQUIRED DOCUMENTATION</u></b>
<p><b>Circumstances that may be considered are listed below. Please check any of the circumstances below which apply to you.</b></p>	<p><b><u>ALL APPEALS must include a signed and dated LETTER OF APPEAL from the student</u></b> 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> <p><input type="checkbox"/> Loss of employment or reduction in wages or hours</p> <p><input type="checkbox"/> Injury, disability, or natural disaster which has resulted in significant decrease in earnings</p> <p><input type="checkbox"/> Loss of benefits, such as unemployment, child support, etc.</p> <p><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)</p>	<p>✓ A complete copy of your MOST RECENT federal tax return, <b>SIGNED by the taxpayer AND</b> copies of ALL W-2 WAGE STATEMENTS.</p> <p>✓ The information requested on the next page of this form.</p> <p>Other appropriate documentation to support appeal such as:</p> <p>✓ A copy of the termination notice from employer or copy of information from employer explaining the reduction in wages or hours available for work.</p> <p>✓ Copy of unemployment benefit documentation.</p>
<p><input type="checkbox"/> <u>Elementary/Secondary Private School Tuition</u> for children included in the student's household size on the FAFSA.</p>	<p>✓ 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>
<p><input type="checkbox"/> <u>Medical Expenses</u> Excessive out-of-pocket medical or dental expenses incurred in 2019 or 2020</p>	<p>✓ If the 2019 or 2020 Federal Income Tax Return was filed with Schedule A, provide a copy of Schedule A.</p> <p>✓ If no Schedule A was filed for 2019 or 2020, provide documentation of medical bills paid during tax year 2019 or 2020.</p>
<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 from or death of spouse, for instance).</p>	<p>✓ <u>Signed letter of appeal</u> specifically explaining the situation. Supporting documentation will be requested if needed.</p>

**FOR ALL APPEALS: THE STUDENT'S SIGNATURE IS REQUIRED ON THE CERTIFICATION AT THE BOTTOM OF THE NEXT PAGE**

**Page 2: 2021-22 Appeal for Recalculation of Student's Expected Contribution**

Student's Name: \_\_\_\_\_ Student's CUH ID #: \_\_\_\_\_  
 Last First MI

**ALL STUDENTS MUST SIGN THE CERTIFICATION AT THE BOTTOM OF THIS PAGE**

**ONLY THOSE STUDENTS WHO HAD A LOSS OF EMPLOYMENT OR SIGNIFICANT DECREASE 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 their expected family contribution, the student's, and, if married, their spouse's, **2021 anticipated income information** must be provided below and included as part of their appeal. 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.

	<b>2021-22 Academic Year</b>	<b>2021 Calendar Year</b>
	<i>July 1, 2021 – June 30 2022</i>	<i>January 1-December 31, 2021</i>
<b><u>ESTIMATED 2021 INCOME</u></b>		
Wages, Salaries, Tips – Student and, if married, Spouse .....	\$ _____	\$ _____
Wages, Salaries, Tips – Student and, if married Spouse .....	\$ _____	\$ _____
Unemployment Compensation.....	\$ _____	\$ _____
<b><u>OTHER TAXABLE 2021 INCOME</u></b>		
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: _____	\$ _____	\$ _____
<b><u>2021 INCOME EXCLUSIONS</u></b>		
Child support PAID by the student and, if married, spouse. Do NOT include support for children living in your home.....	\$ _____	\$ _____
Education Credits from IRS form 1040 (Schedule 3, Line 3).....	\$ _____	\$ _____
<b><u>2021 UNTAXED INCOME AND BENEFITS</u></b>		
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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Financial Aid Office Use Only:**

FAC \_\_\_\_\_ Date \_\_\_\_\_

Desired Outcome \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_