

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: PAXYR – A3

Income Appeal 2021-2022 - PARENT

Student: _____
Please Print

Student V#: _____

Today's Date: _____

Phone #: _____

You or your parents have indicated that one or both of your parents may have extenuating circumstances that could affect their 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 your parent(s) have experienced a loss of income, please also provide:
 - a. Completed Recalculation of Parent Contribution form (second page of this appeal)
- 2) If your parent(s) 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 your parent(s) had a one-time, significant increase to income received in 2019 that is not reflective of typical income:
 - a. Completed Recalculation of Parent Contribution form (second page of this appeal)

If your parents 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 below, I certify that the above information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction of financial aid, fines and/or imprisonment in this and/or future years.

ELECTRONIC SIGNATURE*

Parent Name: _____ Parent Date of Birth: _____

I understand by typing my name, I consent to signing this document electronically

**If you do not wish to sign this document electronically you may also print, sign, and return completed form to our office.*

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: PAXYR – A3

Recalculation of Contribution 2021-2022 - PARENT

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 2019 that is not reflective of typical income and supporting documentation.

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>Parent(s) Income</u>	<u>June 2021 – May 2022 (Total amount, not monthly amount)</u>
Wages, Salaries, Tips – Parent 1	\$ _____
Wages, Salaries, Tips – Parent 2	\$ _____
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 parent (not including support for children living in your home)	\$ _____

By signing below, I certify that the above information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction of financial aid, fines and/or imprisonment in this and/or future years.

ELECTRONIC SIGNATURE*

Parent Name: _____ Parent Date of Birth: _____

I understand by typing my name, I consent to signing this document electronically

**If you do not wish to sign this document electronically you may also print, sign, and return completed form to our office.*