



**D. Reason for Appeal (CHECK ALL THAT APPLY)**

<input checked="" type="checkbox"/>	Reason for Appeal	Initial Required Documentation <b>(in addition to the signed statement)</b>
<input type="checkbox"/>	<p><b>Reduction/Loss of Employment/Income</b></p>	<ul style="list-style-type: none"> <li>✓ Submit a signed copy of the most recent Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3) filed for the individual(s) who experienced the loss.</li> <li>✓ Dependent Students - Submit copies of your parent(s)' last/most recent paystub(s) from all 2023 employment.</li> <li>✓ Independent Students - Submit copies of student/spouse last/most recent paystub(s) from all 2023 employment. (Paystubs should show year-to-date income, as well as deductions.)</li> <li>✓ Submit a copy of the severance statement (if applicable)</li> <li>✓ Submit documentation of all other 2023 year-to-date income/benefits such as unemployment, short-term, long-term disability, IRA/Pension withdrawals, etc.</li> </ul> <p>Who experienced the Reduction/Loss: _____ Date of Reduction or Loss: ____/____/____</p> <p>➤ Name of Employer: _____</p> <p>Date began new job, if applicable: ____/____/____</p> <p>➤ Name of New Employer: _____</p> <p>Has unemployment been received as a result? YES / NO</p> <p>Has severance pay been received as a result? YES / NO</p> <p>Has the student/parent had to withdraw funds from an IRA/Pension as a result? YES / NO</p>
<input type="checkbox"/>	<p><b>Legal Separation or Divorce <u>AFTER Filing FAFSA</u></b></p> <p>* This is referring to the marital status of the student or the parents listed on FAFSA.*</p>	<ul style="list-style-type: none"> <li>✓ Submit a copy of divorce decree/attorney's certification of separation.</li> <li>✓ Submit a SIGNED copy of the 2021 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3) along with copies of all 2021 W-2s and 1099s so that we may separate the tax information. (If there was business income submit Schedule C and/or Schedule K-1 or if there was farm income submit Schedule F.)</li> </ul> <p>**If a 2022 Federal Tax Return has been filed, you may submit the documentation listed above for 2022 instead.**</p> <p>Who Separated/Divorced (circle one): PARENT OR STUDENT Date of Divorce/Separation: ____/____/____</p> <p>For Dependent Students, which parent are you living with/receiving the most financial support from after the separation/divorce: _____</p>
<input type="checkbox"/>	<p><b>Death of Parent or Spouse <u>AFTER Filing FAFSA</u></b></p> <p>*Parent must be a parent that was listed on FAFSA.*</p>	<ul style="list-style-type: none"> <li>✓ Submit a copy of the death certificate or obituary.</li> <li>✓ Submit a SIGNED copy of the 2021 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3) along with copies of all 2021 W-2s and 1099s so that we may separate the tax information. (Note: If there was business income submit Schedule C and/or Schedule K-1 or if there was farm income submit Schedule F.)</li> </ul> <p>**If a 2022 Federal Tax Return has been filed, you may submit the documentation listed above for 2022 instead.**</p> <p>Name of Deceased: _____ Date of Death: ____/____/____</p>

**D. Reason for Appeal Continued (CHECK ALL THAT APPLY)**

<input checked="" type="checkbox"/>	Reason for Appeal	Initial Required Documentation <b>(in addition to the signed statement)</b>
<input type="checkbox"/>	<p><b>Significant Medical Expenses Paid Out-of-Pocket</b></p> <p>*This category includes nursing home expenses and/or funeral expenses.*</p> <p>*The expenses must have been paid out-of-pocket and not reimbursed by insurance.*</p> <p>**It is important to note that we will only be considering one year's worth of medical expenses based on the individual circumstance.**</p>	<p><b>For medical expenses paid in 2021:</b></p> <ul style="list-style-type: none"> <li>✓ Submit a SIGNED copy of the 2021 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3).</li> <li>✓ Submit a copy of Schedule A and B from the 2021 Federal Tax Return (if applicable).</li> <li>✓ Proof of out-of-pocket medical expenses paid out-of-pocket, not covered/reimbursed by insurance in 2021, such as cancelled checks (only required if a Schedule A or B was not filed)</li> </ul> <p><b>For medical expenses paid in 2022:</b></p> <ul style="list-style-type: none"> <li>✓ Submit a SIGNED copy of the 2022 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3).</li> <li>✓ Submit a copy of Schedule A and B from the 2022 Federal Tax Return (if applicable).</li> <li>✓ Proof of out-of-pocket medical expenses paid out-of-pocket, not covered/reimbursed by insurance in 2022, such as cancelled checks (only required if a Schedule A or B was not filed)</li> </ul> <p><b>For medical expenses paid in 2023:</b></p> <ul style="list-style-type: none"> <li>✓ Proof of out-of-pocket medical expenses paid out-of-pocket, not covered/reimbursed by insurance in 2023, such as cancelled checks.</li> </ul> <p>**Many doctor's offices, hospitals, pharmacies, etc. can provide you with a year-to-date receipt/summary showing the charges, the amounts covered by insurance, and the amounts that were paid out-of-pocket. This documentation can be most helpful.**</p>
<p>Who Paid the Medical Expenses: _____</p> <p>Total paid out-of-pocket in 2021: _____</p> <p>Total paid out-of-pocket in 2022: _____</p> <p>Total paid out-of-pocket in 2023: _____</p>		
<input type="checkbox"/>	<p><b>One-Time Income Distribution in 2021 (ex. IRA or Pension Distribution)</b></p> <p>*Only check if the distribution/withdrawal was a one-time event that was used for hardship and the funds are no longer available.</p>	<ul style="list-style-type: none"> <li>✓ Provide a detailed description detailing what the one-time income distribution was and what it was used for.</li> <li>✓ Submit a SIGNED copy of the 2021 Federal Tax Return (Form 1040 AND applicable Schedules 1, 2 and/or 3).</li> </ul>
<p>What was the distribution and what were the funds used for: _____</p> <p>_____</p> <p>Were additional funds withdrawn in 2022 or 2023: YES / NO</p>		
<input type="checkbox"/>	<p><b>Other Reason</b></p> <p>_____</p>	<ul style="list-style-type: none"> <li>✓ Additional documentation will be required once we have a better understanding of your special circumstance. <b><u>Be sure to provide a thorough explanation along with a timeline in your signed statement.</u></b></li> </ul>

**E. Projected Income and Resources (COMPLETE THE TABLE BELOW)**

Estimated ANNUAL <u>2023</u> Taxable Income	Independent Students Complete these Columns		Dependent Students Complete these Columns for the Parent(s) Reported on FAFSA	
	<u>Student</u>	<u>Student's Spouse (If married)</u>	<u>Father/Step-Father</u>	<u>Mother/Step-Mother</u>
<u>Type of Income and Resource</u>				
Income Earned from Work	\$			
Unemployment Compensation	\$			
Other Taxable Income (Ex. interest/dividend income, social security benefits, severance payments, rental income, alimony, IRA/401K withdrawals, etc.) Please specify: _____ _____	\$			
Estimated ANNUAL <u>2023</u> Untaxed Income	Independent Students Complete these Columns		Dependent Students Complete these Columns for the Parent(s) Reported on FAFSA	
<u>Type of Income and Resource</u>	<u>Student</u>	<u>Student's Spouse (If married)</u>	<u>Father/Step-Father</u>	<u>Mother/Step-Mother</u>
Child Support received for all children	\$			
IRA deductions and payments to self-employed SEP, SIMPLE and Keogh	\$			
Payments to tax-deferred pension such as 401(K) or 403(B) plans and savings plans (paid directly or withheld from earnings)	\$			
Untaxed portions of pension distributions or withdrawals (excluding rollovers)	\$			
Living allowances paid to military, clergy and others. Include cash payments and cash value of benefits. Don't include the value of on-base military housing or the value of basic military allowance for housing.	\$			
Veteran non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowance	\$			
Other Untaxed Income not reported elsewhere on this form (Ex. worker's compensation, disability, etc.) Please specify: _____ _____	\$			

**F. Certification and Signature(s)**

**Typed/Electronic signatures are NOT accepted**

By signing this form, we certify all the information is true and complete to the best of our knowledge. We agree to document the information reported on this form. We also realize that if unable to provide documentation when asked, the student for whom this form was filed may not receive aid. If dependent, at least one parent must sign this form.

**WARNING:** If you receive federal or state financial aid based on incorrect information, you will have to pay it back. If you purposely give false or misleading information on any financial form, you may be fined \$10,000, receive a prison sentence, or both.

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

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**G. Notices**

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.