

**AUBURN UNIVERSITY STUDENT FINANCIAL SERVICES
2021-22 DEPENDENT STUDENT
FAMILY CONTRIBUTION APPEAL INSTRUCTIONS**

1. Students who wish to submit a Family Contribution Appeal should contact our office. This can be done by sending an email to woodsab@auburn.edu with a brief description of your reason for requesting the appeal. We will then create a task for this request on your Student Forms portal (accessible thru AU Access on your My Finances or Admitted Student tab) so that the student can upload and submit required documentation there.
2. After we have added the task, you will need to register your account on the Student Forms Portal if you haven't already done so. Then you can access your task for appeal where you can fill out the form and upload your supporting Third Party documentation.

Third Party Documentation: Documentation should include a signed copy of parents' 2019 Federal Tax Return, the Projected Income Form, and other documentation relevant to your circumstance (see below). The tax return should be signed by the tax filer, not the tax preparer.

<u>Circumstance</u>	<u>Required Documentation</u>
My parent who earned money in 2020 has lost his/her job for at least 10 weeks since submitting my FAFSA.	Submit a copy of his/her resignation letter or termination notice from his/her employer. This letter should show the last date of employment.
My parent changed jobs and now has an income reduction.	Submit explanation.
Since completing the FAFSA my parents have separated, divorced, or one of my parents has died.	Submit a copy of the divorce decree, death certificate, or a letter from their attorney indicating their separation status. Parents living in the same household are not considered separated.
My parent received a one-time taxable income (IRA or pension distribution).	Submit documentation of the one-time distribution.
My parent who earned money in 2020 has not been able to earn money in the usual way for at least 10 weeks because of a disability or natural disaster.	Submit a letter from their physician indicating the nature of your parent's disability, or submit a letter from the appropriate state or federal agency indicating that your area has been designated an area eligible for natural disaster relief.
My parent received unemployment compensation or some untaxed income last year that will not be available this year.	Submit a copy of the termination notice from the Unemployment Agency in your state. Submit proof of untaxed income that will not recur.
The student received Social Security Benefits but will receive a reduction during the year.	Submit documentation of the benefit reduction.
The student received child support but benefits have been reduced and/or terminated.	Submit documentation of the reduced or terminated benefits.
My parent received alimony and will have a reduction in income this year.	Submit documentation of the reduction or termination of alimony.
My parent has unusually high medical/dental/optical expenses they paid out-of-pocket, not covered by insurance.	Submit copies of canceled checks and/or receipts for payments made to medical facilities.

**AUBURN UNIVERSITY STUDENT FINANCIAL SERVICES
2021-22 DEPENDENT STUDENT
FAMILY CONTRIBUTION APPEAL PROJECTED INCOME FORM**

Student Name _____

Student ID Number _____

Father's Information	Amount
Father's Income From Work	\$ <input style="width: 100px;" type="text"/> Year
Name And Address Of His Employer	_____ _____ _____
Father's Other Income Source _____ Include child support, unemployment compensation, interest/dividend income, rental income, alimony, pension/annuity, social security payments, retirement pay, and any other forms of income.	\$ <input style="width: 100px;" type="text"/> Year <input style="width: 100px;" type="text"/> Month
Mother's Information	Amount
Mother's Income From Work	\$ <input style="width: 100px;" type="text"/> Year
Name And Address Of Her Employer	_____ _____ _____
Mother's Other Income Source _____ Include child support, unemployment compensation, interest/dividend income, rental income, alimony, pension/annuity, social security payments, retirement pay, and any other forms of income.	\$ <input style="width: 100px;" type="text"/> Year <input style="width: 100px;" type="text"/> Month

Certification: All of the information provided on this form is true and complete to the best of my knowledge. If asked, I agree to provide additional documentation if requested by the Office of Student Financial Services to prove the accuracy of this information.

Student Signature _____	Date _____	Parent Signature _____	Date _____
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SCHOOL USE ONLY	Accept Request _____	Reject Request _____
Total 2020 Taxable Income	\$ _____	
Total 2020 Untaxable Income	\$ _____	
Federal Income Tax Owed 2020	\$ _____	
Reason _____		
Signature of Financial Aid Administrator _____		Date _____