

**AUBURN UNIVERSITY STUDENT FINANCIAL SERVICES  
2021-22 INDEPENDENT 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](mailto: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 you can upload and submit required documentation there.

2. After we have added the task for you, you will need to register your account there 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: Students should submit a signed copy of their 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.**

<b><u>Circumstance</u></b>	<b><u>Required Documentation</u></b>
I worked full-time in 2020 (at least 35 hours a week for at least 30 weeks), however, I am no longer employed full-time.	Submit a copy of your resignation letter or termination notice from your employer. This letter should show the last date of employment.
My job status has changed and I have a reduction in income.	Submit explanation.
Since completing my financial aid application, I am no longer married due to a separation, divorce, or death of my spouse.	Submit a copy of the divorce decree, death certificate or a letter from your attorney indicating the separation status.
My spouse earned money in 2020 but has lost his/her job for at least 10 weeks.	Submit a copy of his/her resignation letter or termination notice from the employer. This letter should show the last date of employment.
I, or my spouse, earned money in 2020 but have 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 your physician indicating the nature of your 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.
I, or my spouse, received unemployment compensation or some untaxed income in 2020 but have completely lost that income or benefit	Submit a copy of your termination notice from the Unemployment Agency in your state. Submit proof of untaxed income that will not recur.
I, or my spouse have unusually high medical/dental/optical expenses 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 INDEPENDENT STUDENT  
FAMILY CONTRIBUTION APPEAL PROJECTED INCOME FORM**

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

**Projected Income Information**

Student's Information	Amount
Student's Income From Work	\$ <input style="width: 100px;" type="text"/> Year
Name And Address Of My Employer	_____ _____ _____
Student's Other Income Source _____ <b>Include child support, unemployment compensation, interest/dividend income, rental income, alimony, trust funds, and any other sources of income.</b>	\$ <input style="width: 100px;" type="text"/> Year <input style="width: 100px;" type="text"/> Month
Spouse's Information	Amount
Spouse's Income From Work	\$ <input style="width: 100px;" type="text"/> Year
Name And Address Of His/Her Employer	_____ _____ _____
Spouse's Other Income Source _____ <b>Include child support, unemployment compensation, interest/dividend income, rental income, alimony, trust funds, and any other sources of income.</b>	\$ <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.

<b>Student Signature</b>	<b>Date</b>	<b>Spouse Signature</b>	<b>Date</b>
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<b>SCHOOL USE ONLY</b>	<b>Accept Request</b> _____	<b>Reject</b>
<b>Request</b> _____		
Total 2020 Taxable Income	\$ _____	
Total 2020 Un taxable Income	\$ _____	
Federal Income Tax Owed 2020	\$ _____	
Reason _____		