

## 2016-2017 FINANCIAL AID APPEAL FORM AND GUIDELINES

Recognizing that the information collected by the 2016/2017 Free Application for Federal Student Aid (FAFSA) and/or CSS Profile does not always reflect an applicant's current financial circumstances, the Office of Financial Aid may re-evaluate eligibility for student aid when specific circumstances have occurred in 2015 or 2016. **Please note, appeals submitted after June 15, 2016 will only be considered for additional Federal and/or State funds.**

**Submitting a Financial Aid Appeal will automatically select a student for tax verification (if not already completed).** If you have not already done so, you will need to complete and submit the appropriate tax Verification Worksheet to our office and complete the IRS Data Retrieval Tool on the FAFSA or submit an IRS Tax Return Transcript. These forms can be found listed under the student's "unsatisfied requirements" on myUSF Self-Service.

In some cases, the Office of Financial Aid may ask a student to complete a 2016-2017 CSS Profile application and, if applicable, a Noncustodial Parent Profile. In addition, the Office of Financial Aid reserves the right to request other documents from a student depending on the circumstances of the appeal and the supporting documents that may be needed. If additional information is needed, the Office of Financial Aid will contact the student via their myUSF e-mail account.

**Financial Aid appeals cannot be considered and will not be accepted unless the necessary documentation and 2015 tax verification requirements (if not previously submitted) are provided with this appeal form. For each appeal reason, be sure to review the "Required" documentation.** Once we review your appeal and determine whether an adjustment can be made, we will notify the student of the outcome. If changes are made to the student's financial aid package, the student will receive a revised award email notification. Response time will vary based on our volume of appeals at the time your request is received, but generally the student can expect a response within two weeks.

**USF is unable to consider appeals that are based on the following:**

Private school tuition, IRA withdrawal to meet expenses, gambling loss/winning, capital gain received as income in 2015, personal debts/liens/garnishments, termination for cause, and financial support for others not allowed on FAFSA.

**Please be sure to complete the Financial Aid Appeal Form in full, submit any requested Financial Aid Verification documents, and submit all supporting documentation.**

**Return To:**

University of San Francisco – One Stop      or      Fax to: 415-422-6084  
2130 Fulton Avenue  
San Francisco, CA 94117

## 2016-2017 Financial Aid Appeal Form

### STUDENT'S INFORMATION

Student's Last Name	Student's First Name	Student's M.I.	USF Student ID Number (CWID)
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Preferred Phone Number

Choose your reason for appeal from the choices below. Be sure to include all required documentation with your appeal and complete the rest of this form. Appeals without documentation will not be processed.

Reason	Required Documentation
<b>_____ Involuntary loss of household income</b> <ul style="list-style-type: none"><li>• Loss of employment</li><li>• Pay cut or furlough</li><li>• Loss of benefits (Disability or Social Security)</li><li>• Loss of child support</li></ul>	<ul style="list-style-type: none"><li>• Letter explaining your change in circumstances</li><li>• Documentation from previous employer of your last date of employment or severance package</li><li>• Documentation of loss of benefits (Social Security benefits, Disability Benefits, Child Support, etc.)</li><li>• Documentation of any current income, including unemployment benefits</li></ul>
<b>_____ 2015 IRA Rollover</b>	<ul style="list-style-type: none"><li>• If reported as rollover on 2015 taxes, provide a copy of the 2015 IRS 1040 form</li><li>• Documentation of rollover (account statements)</li></ul>
<b>_____ Unreimbursed medical and/or dental costs</b> <b>Amount: _____</b>	<ul style="list-style-type: none"><li>• Letter explaining your circumstances</li><li>• Supporting documentation of medical bills, dental bills, etc.</li></ul>
<b>_____ Death of parent or spouse after FAFSA filed</b>	<ul style="list-style-type: none"><li>• Letter explaining your circumstances</li><li>• Copy of the death certificate</li></ul>

#### A. Projected 2016 Income:

Complete this section if you are appealing based on 2015 or 2016 income-related changes.

Who in the household had a change in income?	
Date of change:	

Please complete the information below. If appropriate for your situation, please be sure to include \$0. **We will not be able to process any blanks on the form.**

Parent 1	Income Information	Parent 2 (if applicable)
	Gross monthly income before change occurred	
	Gross monthly income after change (or best estimate)	
	Gross amount of any other monthly untaxed income/benefits	
	Total Projected Income in 2016	

Student	Income Information	Spouse (if applicable)
	Gross monthly income before change occurred	
	Gross monthly income after change (or best estimate)	
	Gross amount of any other monthly untaxed income/benefits	
	Total Expected Income in 2016	

#### B. Certification Statement:

The information provided on this form is accurate and complete to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We also understand that if our financial aid award is revised based on using our projected income for 2016, the revision may be for the 2016-2017 appeal year only if the projected income is later verified as inaccurate. We also agree to notify the Financial Aid Office if there are changes to our appeal circumstances at the time they occur.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent (or spouse, if applicable) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL APPEALS MUST HAVE PROPER DOCUMENTATION ATTACHED WITH 2015 TAX VERIFICATION REQUIREMENTS (UNLESS SUBMITTED PREVIOUSLY). INCOMPLETE APPEALS WILL NOT BE REVIEWED.**

#### For Office Use Only

Prior year special circumstances: ☐ Yes ☐ No

☐ Approved Trans#: \_\_\_\_\_ Previous EFC: \_\_\_\_\_ Trans#: \_\_\_\_\_ New EFC: \_\_\_\_\_

☐ Denied Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

To calculate estimated tax paid:

Projected year's AGI ( ) x Base year's tax paid = \$

Base year's AGI ( )