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**2010-2011 ACADEMIC YEAR
REQUEST FOR REVIEW OF FAMILY CONTRIBUTION**

STUDENT NAME: _____ **OSU ID#** _____

The Office of Student Financial Aid (SFA) has established an appeal process to allow for adjustments to an individual's federal aid application based on special circumstances within the household. When considering the appeal, SFA takes into account the availability of funds, the timeliness of the original application for financial aid, the timeliness of the appeal and the nature of the change in circumstances. Also, it is important to know that not all changes in circumstances will result in an adjustment to the student's eligibility.

All appeals requesting a review of the family contribution require initial contact with SFA and the appropriate staff signature. **Appeals received in SFA without the appropriate signature below will be delayed and will not be reviewed until contact is made with SFA.** Please contact the office at 614/292-0300 or 1-800-678-6440 (outside of the 614 area code). If the student plans to attend a regional campus or the Agricultural Technical Institute (ATI), contact the financial aid administrator at the appropriate campus. The telephone numbers are: Lima, 419-995-8147; Mansfield, 419-755-4223; Marion, 740-725-6389, Newark 740-366-9364 and ATI at Wooster, 330-287-1241. Our website: <http://sfa.osu.edu>

NOTE: BEFORE AN APPEAL CAN BE CONSIDERED, THE 2010-2011 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) MUST HAVE ALREADY BEEN FILED. ALSO, ANYONE REQUESTING AN APPEAL FOR SPECIAL CIRCUMSTANCES MUST ALSO GO THROUGH THE VERIFICATION PROCESS.

The verification process requires submission of signed copies of 2009 Federal Income Tax Returns, W-2s, schedules if applicable and completion of verification information forms. The following are the verification forms needed: these documents can be downloaded at <http://sfa.osu.edu/forms/vc1011/>

- Parent Income Verification Form
- Parent Household Chart
- Parent Asset Information Form
- Student Income Verification Form
- Student Household Chart (independent students only)
- Student Asset Information Form

Please note: from the documents listed above, submit only those for the individual whose income is being reviewed, i.e., if the parent income situation is changing, only the parent documents are required.

When the appeal is filed, the workload at SFA will determine the response time. The student will be notified of the results in writing.

Student Services Specialist or Student Financial Aid Staff Signature

Date

PLEASE RETURN THIS DOCUMENT AND ALL ATTACHMENTS TO THE ADDRESS ABOVE
COMMENTS (For Office Use Only):

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Please indicate the individual whose information you wish us to consider:

_____ **Change in Student/Spouse Income**

_____ **Change in Parent(s) Income**

Be sure to attach the required documentation. Failure to support the circumstances with evidence will result in the appeal being denied for lack of documentation. The back of this form may be used to describe the circumstances or attach a separate letter. Extenuating circumstances may include, but are not limited to, situations such as:

- Parent or student expects **income to be significantly less in 2010** (at least 25%) due to involuntary unemployment, forced retirement, or other non-elective loss of earned income.
 - Required documentation:
 - – letter of termination from the human resource department or supervisor showing the last day worked.
 - – documentation of severance pay, vacation pay, retirement benefits, unemployment and/or disability benefits (the attached income verification form should reflect income from earnings through the date of the employment change). Please provide a copy of the latest paycheck stub(s) showing amount earned to date.
 - If there is a reduction of income, provide a copy of the latest paycheck stub and a statement on company letterhead from the human resource department or supervisor confirming the new rate of pay, weekly hours worked and effective date of change.
- **Divorce/Separation**
 - Provide a copy of the divorce decree/letter from attorney or documents showing separation along with a copy of your 2009 tax form/schedules/W-2(s) of the custodial parent and child support amounts. In the cases where legal documents cannot be provided, additional documentation may be requested by SFA.
- **Unemployment benefits or Social Security benefits**
If unemployment benefits or Social Security benefits terminate, submit notice from the agency showing the date benefits terminated and amount received in 2010.
- If a parent or student/spouse is placed on **Disability**, submit letter from physician and letter from social security agency or insurance company detailing amount of monthly benefits.
- **Death of parent or spouse**: provide copy of death certificate, newspaper obituary or memorial service program and 2009 federal tax form/schedules/W-2(s) from the custodial parent.
- **Medical & Dental Expenses** - insurance premiums paid and/or incurred medical/dental expenses not paid by insurance in 2009. Required documentation: submit one or more of the following:
 - a. **For payment of insurance premiums**, a statement from the insurance provider or benefits office from place of employment stating the amount paid for medical coverage. A copy of a pay stub showing the amount deducted for medical insurance is required. **DO NOT INCLUDE EMPLOYER'S CONTRIBUTION.**
 - b. **For payment of medical expenses**, proof of payments made, i.e., statement of account from physician/dentist/hospital showing payment amount and dates payments were made or copies of cancelled checks. Explain for whom and what the expenses were for on the back of this form. A copy of Schedule A of the 2009 IRS 1040 Federal Income Tax return if applicable. **NOTE: ONLY EXPENSES OVER 7.5% TOTAL EARNINGS CAN BE USED. WE WILL NOT REVIEW EXPENSES THAT ARE NOT PAID.**

ESTIMATED INCOME INFORMATION

Date of Income Change: _____(month/day/year)

Estimate your income for 1/1/2010 – 12/31/2010

<u>ESTIMATED INCOME</u>	<u>PARENT(S)</u>	<u>STUDENT/SPOUSE</u>
Wages, salaries, tips before taxes:	Father \$ _____ Mother \$ _____	Student \$ _____ Spouse \$ _____
Severance Pay:	\$ _____	\$ _____
Interest and dividend income:	\$ _____	\$ _____
Alimony received:	\$ _____	\$ _____
Business and/or farm income:*	\$ _____	\$ _____
Partnership and/or S-Corporation income:	\$ _____	\$ _____
Capital gains:	\$ _____	\$ _____
Pensions and annuities:	\$ _____	\$ _____
Rents and royalties:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Taxed Social Security benefits for all family members:	\$ _____	\$ _____
Worker's compensation:	\$ _____	\$ _____
Retirement and/or disability benefits:	\$ _____	\$ _____
TANF and/or Welfare benefits (excluding food stamps):	\$ _____	\$ _____
Untaxed portions of pensions and annuities:	\$ _____	\$ _____
Living and housing allowances for clergy, military:	\$ _____	\$ _____
Child support received:	\$ _____	\$ _____
Veteran's non-educational benefits:	\$ _____	\$ _____
Payments to tax-deferred pensions and IRAs (401k, 403b, PERS, STRS, SERS, CSRS, KEOGH, etc.):	\$ _____	\$ _____
Other income and benefits:		
Source(s): _____	\$ _____	\$ _____
Source(s): _____		
Cash received, or money paid on your behalf:	\$ _____	\$ _____
Source/recipient: _____		

NOTE: ALL LINES MUST BE COMPLETED OR YOUR APPEAL WILL NOT BE REVIEWED. Report zero (\$0) where applicable. **YOU MUST PROVIDE ESTIMATES FOR A 12 MONTH PERIOD (1 YEAR).**

*A review of changes as a result of business/farm income will not occur until an actual 2010 tax return is provided.