



2019-2020 Expected Family Contribution Appeal

STUDENT NAME: _____ OSU ID#: _____

The Ohio State University has established an appeal process to allow for adjustments to an individual's federal aid application based on circumstances within the household. If you have experienced a significant change in income or life event that has altered your income since filing your 2017 taxes, you may submit this appeal to have your financial aid eligibility reviewed.

Before an appeal can be considered, the 2019-2020 Free Application for Federal Student Aid (FAFSA) must be submitted. Also, all verification documents must be submitted with Expected Family Contribution appeals.

ACKNOWLEDGEMENT

All appeals require initial contact with a counselor and must receive the appropriate staff signature. **Appeals received without the appropriate signature(s) will be delayed and will not be reviewed until this requirement is met.**

For Columbus campus students, please contact Buckeye Link at 614-292-0300 to discuss the appeal and submission options. Students attending a regional campus or the Agricultural Technical Institute (ATI) should contact the financial aid administrator at the appropriate campus. The telephone numbers are: Lima, 567-242-7520; Mansfield, 419-755-4317; Marion 740-725-6389, Newark 740-366-9435 and ATI at Wooster, 330-287-1214.

SPECIAL CIRCUMSTANCES

CHECK	REASON FOR REVIEW	REQUIREMENTS FOR REVIEW
<input type="checkbox"/>	Reduced Income/Loss of Wages <ul style="list-style-type: none"> - Resignation - Reduced Employment - Layoff - Termination - Disability - Unemployment - Worker's Compensation - Alimony - Child Support 	Documents to submit may include but are not limited to: <ul style="list-style-type: none"> • 2018 Federal Tax Return, signed • 2018 Federal Tax Return Transcript • 2018 W-2 information • Final paychecks showing year-to-date earnings for both parents • Employer termination letter or letter verifying reduction in salary • Documentation of severance package • Documentation of unemployment payments • Documentation of reduction/elimination of benefits received and effective date • Court documentation indicating effective date for loss of income
<input type="checkbox"/>	Divorce/Separation	Documents to submit may include but are not limited to: <ul style="list-style-type: none"> • Divorce decree • Letter from attorney indicating separation/divorce • Documentation of actual/estimated child support amounts <p>In cases where legal documentation cannot be provided, submission of alternative documents confirming separation will be accepted and reviewed.</p>
<input type="checkbox"/>	Death of Parent or Spouse	Documents to submit may include but are not limited to: <ul style="list-style-type: none"> • Death Certificate, newspaper obituary, memorial service program and/or other appropriate documentation
<input type="checkbox"/>	Medical & Dental Expenses	Documents to submit may include but are not limited to: <ul style="list-style-type: none"> • 2017 Federal Tax Return with Schedule A, signed • 2017 Federal Tax Return Transcript • 2018 Federal Tax Return with Schedule A, signed • 2018 Federal Tax Return Transcript • Proof of medical expenses <i>paid out of pocket</i> (i.e. payments made by you and not your insurer) <ul style="list-style-type: none"> ○ Appeals will not be reviewed if the documents only show amounts billed but not paid
<input type="checkbox"/>	Other	Contact Buckeye Link or your financial aid administrator to discuss your appeal options and documentation



2019-2020 Expected Family Contribution Appeal

SPECIAL CIRCUMSTANCE REQUEST OPTIONS

Please select the option that best characterizes when your loss of income has taken place:

Income for calendar year 2018 (OPTION 1)

- The household experienced a reduction in income, benefits and/or medical expenses that would be reflected on the 2018 Federal Tax Return or Tax Return Transcript.
- Complete:
 - All required verification forms
 - Explanation of circumstances
 - Option 1 – Family Contribution Change & Income Chart - 2018 (page 3)

Anticipated income for calendar year 2019 (OPTION 2)

- The household experienced a reduction in income, benefits and/or medical expenses after December 31, 2018 and would be reflected when filing taxes for the 2019 calendar year.
- Complete:
 - All required verification forms
 - Explanation of circumstances
 - Option 2 – Estimated Family Contribution Change & Income Chart - 2019 (page 4)

VERIFICATION REQUIREMENT

The verification process is required for these types of appeals. The Dependent Student and Parent or Independent Student Verification Forms can be downloaded from the Student Financial Aid website at sfa.osu.edu/contact-us/forms. The forms must be submitted along with documentation from the Internal Revenue Service (IRS) for the 2017 tax year. Please review the appropriate tax filer forms for students and parents (if applicable) to determine what to submit.

EXPLANATION OF CIRCUMSTANCES

Please provide an explanation of the circumstances or attach a personal statement pertaining to your appeal:



2019-2020 Expected Family Contribution Appeal

OPTION 1 - FAMILY CONTRIBUTION CHANGE & INCOME CHART - 2018

THIS CHART IS FOR OPTION 1 ONLY

Please provide your annual income received in the 2018 calendar year. Report the following information for yourself and your spouse or parent(s), if applicable. If the loss of income is due to the death of a spouse or parent, give only the information for you and the surviving parent, if applicable.

TAXABLE INCOME January 1, 2018 – December 31, 2018	STUDENT	SPOUSE	PARENT 1	PARENT 2
2018 income earned from work (wages, salaries, tips)	\$	\$	\$	\$
Interest income and dividends	\$	\$	\$	\$
Alimony received	\$	\$	\$	\$
Business and/or farm income	\$	\$	\$	\$
Capital gains	\$	\$	\$	\$
Pensions and Annuities (taxable amount)	\$	\$	\$	\$
IRA distributions (excluding rollovers)	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Taxable Social Security Benefits	\$	\$	\$	\$
Unemployment compensation	\$	\$	\$	\$
TOTAL TAXABLE INCOME	\$	\$	\$	\$
UNTAXED INCOME January 1, 2018 – December 31, 2018	STUDENT	SPOUSE	PARENT 1	PARENT 2
Payments to tax-deferred pension and saving plans (paid directly or withheld from earnings) including, but not limited to amounts reported on the W-2 form in boxes 12a through 12d, codes D, E, F, G, H, and S	\$	\$	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$	\$	\$	\$
Child support received for all children. Don't include foster care or adoption payments	\$	\$	\$	\$
Tax exempt interest income	\$	\$	\$	\$
Untaxed portions of pensions, annuities and IRA distributions	\$	\$	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)	\$	\$	\$	\$
Veteran's non-educational benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study Allowances	\$	\$	\$	\$
Any other untaxed income not reported elsewhere on this form, such as worker's compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements, e.g. cafeteria plans, foreign income exclusion or credit for federal tax on special fuels	\$	\$	\$	\$
TOTAL UNTAXED INCOME FOR 2018	\$	\$	\$	\$
TOTAL INCOME FOR 2018	\$	\$	\$	\$

Child support paid during 2018 (attach documentation of amount paid): \$ _____

2018 taxable earnings from Federal Work Study or other need-based work programs: \$ _____



2019-2020 Expected Family Contribution Appeal

OPTION 2 - ESTIMATED FAMILY CONTRIBUTION CHANGE & INCOME CHART - 2019

THIS CHART IS FOR OPTION 2 ONLY

Estimate your expected annual income for calendar year 2019 only if there is a change in your income that will continue through 2019. Report the following information for yourself and your spouse or parent(s), if applicable. If the loss of income is due to the death of a spouse or parent, give only the information for you and the surviving parent, if applicable.

Table with 5 columns: Income Category, Student, Spouse, Parent 1, Parent 2. Rows include Projected Taxable Income (various sources), Projected Untaxed Income (various deductions and benefits), and Projected Income for 2019.

Projected child support paid during 2019 (attach documentation of amount paid): \$ _____

Projected earnings from Federal Work Study or other need-based work programs during 2019: \$ _____



2019-2020 Expected Family Contribution Appeal

CHECKLIST

Please verify the following steps have been completed before submitting:

- ___ Dependent Student & Parent or Independent Student Verification Forms are included along with documentation from the IRS regarding taxes and/or filing status
- ___ Completed personal statement explaining the extenuating circumstance(s)
- ___ Documentation supporting circumstance(s)
- ___ Completed all appropriate sections based on the type of special circumstance request and included zeroes (0) and/or NA where information could not be provided or was not applicable.

SIGNATURES AND CERTIFICATION

- I acknowledge that all of the information on this form is true and complete. I know I may have to provide further information if necessary.
- I agree to notify Buckeye Link if my financial situation/circumstance changes from what I have reported on this appeal.
- I understand that this appeal is based on projections and that it may be required that the student and/or parent provide copies of their 2019 tax information, W-2s, etc. at a later date.
- I understand that the information I submit may be shared with university offices that have a need to know for purposes of reviewing and processing this appeal, and/or to comply with university policy or law.

Student Signature

Printed Name

Date

Parent Signature

Printed Name

Date

Buckeye Link/Financial Aid Administrator Signature

Printed Name

Date

To return this form:

Students may upload all forms & documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264

Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300

Do not submit this form or any supporting documents via email.