

University of Idaho

Student Financial Aid Services
875 Perimeter Drive MS4291
Moscow, ID 83844-4291
PHONE: 208-885-6312
FAX: 208-885-5592
EMAIL: finaid@uidaho.edu
WEB: www.uidaho.edu/finaid

Office Use Only	
Doc:	PALET
Tkg Grp:	
Comp. Date:	
Comp. By:	

2017-2018 Parental Appeal Letter

Student: _____

Please Print

Student ID or SSN: _____

Today's Date: _____

Phone #: _____

You or your parents have indicated that one or both of your parents may have extenuating circumstances that could affect their ability to contribute to your education. In order for our office to consider these extenuating circumstances, your parent(s) must submit a letter of appeal specifically explaining the situation along with the **PAXYR - Appeal for Recalculation of Parent Contribution**.

If you have not updated your 2017-2018 FAFSA with filed tax information, we will not be able to apply these changes.

Situations that may warrant special consideration include but are not limited to:

- Loss of employment and/or a significant decrease in earnings
- Injury or disability which prevented earning usual income or a natural disaster that prevented earning usual income
- Loss of benefits, such as unemployment, social security, child support, welfare, etc.
- Significant medical/dental expenses that will not be covered by insurance
- Significant one-time increase in income was received in 2015 that is not reflective of typical annual income
- Other _____

Your parent's letter of appeal should be specific and address how, when, and why their circumstances have changed. You may need to attach appropriate documentation, such as statements from employers, legal documents, etc. You may use the space below or attach a separate, signed letter.

CERTIFICATION: By signing this worksheet, we certify that all the information reported on it is complete and correct. The student and a parent whose information was reported on the FAFSA must sign and date. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

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2017-2018 Appeal for Recalculation of Parent Contribution

Student: _____
Please Print

Student ID or SSN: _____

Today's Date: _____

Phone #: _____

You or your parent(s) have indicated that one or both of parents may have extenuating circumstances that could affect their ability to contribute to your education. This form asks for information needed to consider an appeal of the expected parental contribution. It should be submitted as part of a written appeal from the parent(s) or with the **PALET form**.

If you have not updated your 2017-18 FAFSA with filed tax information we will not be able to apply these changes.

DO NOT include any funds expected from financial aid and/or veteran's educational benefits.
All questions must be answered; blank is not an answer. Use gross income, not take-home or net.

<u>Parent(s) Income</u>	<u>June/July/August 2017</u>	<u>September 2017 – May 2018</u>
Wages, Salaries, Tips – Parent 1	\$ _____	\$ _____
Wages, Salaries, Tips – Parent 2	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
<u>Other Taxable Income</u>		
Interest or Dividend income	\$ _____	\$ _____
Business or Farm income or (loss)	\$ _____	\$ _____
Capital gain or (loss)	\$ _____	\$ _____
IRA or Pension Distributions	\$ _____	\$ _____
Rental income, partnership income or royalties	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
<u>Untaxed Income and Benefits</u>		
Payments to tax-deferred pension and savings plans	\$ _____	\$ _____
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans	\$ _____	\$ _____
Child support received for all children	\$ _____	\$ _____
Tax exempt interest income	\$ _____	\$ _____
Untaxed portions of IRA distributions	\$ _____	\$ _____
Untaxed portions of pensions	\$ _____	\$ _____
Value of free housing or other living expenses	\$ _____	\$ _____
Veteran's non-education benefits such as Disability, Death Pension, or DIC and/or VA Educational Work-Study Allowances	\$ _____	\$ _____
Other untaxed income not reported, such as workers' compensation, disability, etc.	\$ _____	\$ _____
<u>Income Exclusions</u>		
Child support paid by the parent (not including support for children living in your home)	\$ _____	\$ _____
Education Credits allowed by IRS	\$ _____	\$ _____

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Parent Signature: _____

Student Signature: _____

Date: _____