

# 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](mailto:finaid@uidaho.edu)  
WEB: <https://www.uidaho.edu/financial-aid>

**OFFICE USE ONLY**  
Doc: SXYR – A4

## Income Appeal 2022-2023 - STUDENT

Student: \_\_\_\_\_  
Please Print

Student V#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

You have indicated that you (or your spouse if applicable) may have extenuating circumstances that could affect your ability to contribute to your education. Please review below for required documentation based on each circumstance -

### **In all cases we will need:**

**A signed letter explaining the situation that you would like us to consider. You may use the space below or provide a separate letter if more space is needed.**

Additionally, please provide the following documentation based on the appeal -

- 1) If you (or your spouse if applicable) have experienced a loss of income, please also provide:
  - a. Completed Recalculation of Student Contribution form (attached to this appeal)
- 2) If you (or your spouse if applicable) have had significant out of pocket medical expenses that will not be covered by insurance:
  - a. Copies of receipts, invoices, the Explanation of Benefits from the insurance, or IRS 1040 Schedule A
- 3) If you (or your spouse if applicable) had a one-time, significant increase to income received in 2020 that is not reflective of typical income:
  - a. Completed Recalculation of Student Contribution form (attached to this appeal)

If you have had an extenuating circumstance not outlined above, or have questions related to the required documentation for the appeal, please contact our office for assistance.

**CERTIFICATION** - By signing below, I certify that the above information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction of financial aid, fines and/or imprisonment in this and/or future years.

### ***ELECTRONIC SIGNATURE\****

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

I understand by typing my name and date of birth, I am signing this document electronically

*(if applicable, spouse should also sign)*

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Spouse: I understand by typing my name and date of birth, I am signing this document electronically

*\*If you do not wish to sign this document electronically you may also print, sign, and return completed form to our office.*

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## Recalculation of Contribution 2022-2023 - STUDENT

Student: \_\_\_\_\_  
Please Print

Student V#: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please submit this completed form (no blanks can be accepted in your responses below) along with your signed letter for circumstances of loss of income or significant one-time income event in 2019 that is not reflective of typical income and supporting documentation.

**DO NOT** include any funds expected from financial aid and/or veteran's educational benefits.  
**All questions must be answered; no blanks. Use gross income, not take-home or net.**

<u>Student (&amp; Spouse if Applicable) Income</u>	<u>June/July/August 2022 (total \$)</u>	<u>September 2022 – May 2023 (total \$)</u>
Wages, Salaries, Tips – Student	\$ _____	\$ _____
Wages, Salaries, Tips – Spouse (if applicable)	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
<b><u>Other Taxable Income</u></b>		
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: _____	\$ _____	\$ _____
<b><u>Untaxed Income and Benefits</u></b>		
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	\$ _____	\$ _____
Military or clergy value of free housing/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 (not SSI), etc.	\$ _____	\$ _____
<b><u>Income Exclusions</u></b>		
Child support paid by the student (not including support for children living in your home)	\$ _____	\$ _____

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*(if applicable, spouse should also sign)*

Spouse Name: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Spouse: I understand by typing my name and date of birth, I am signing this document electronically

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