2019-2020 Reconsideration of Income Appeal Form
for Parents of Dependent Students
Affected by the COVID-19 Pandemic

Student Name: ________________________________ Student ID: _________________

Campus: □ Anschutz □ Denver

If your parent(s) have experienced a job loss or a reduction of employment income due to the current COVID-19 Pandemic and the 2017 income reported on the FAFSA (Free Application for Federal Student Aid) does not reflect your family’s current financial situation due to the implications of the outbreak, you and your parent(s) may complete this appeal. Upon submitting the appeal, the Financial Aid & Scholarships Office will determine if there is an increase to your eligibility for need-based federal, state and institutional aid based off of your parent(s)’ earned income during the time period of 08/01/2019-07/31/2020.

Applicants who already have an Expected Family Contribution (EFC) of zero should not complete this appeal. An EFC of zero is the lowest contribution possible, therefore this appeal will not result in additional aid.

Please speak with one of our financial aid advisors if you have an EFC of zero and have concerns about your financial aid award.

A. Special Circumstances for Consideration

Please submit the following documentation. This form cannot be processed without the required documentation.

- Documentation of job loss or reduction in hours or earnings. Acceptable forms of documentation include:
  - Termination letter or resignation letter for the family member whose employment was impacted
  - Letter/statement of unemployment benefits
  - Other documentation of job loss
- 2019 income verification documents. Acceptable forms of documentation include:
  - 2019 W2
  - 2019 federal tax return
  - 2019 Form 1099
  - Last 2 pay stubs from 2019
- 2020 income verification documents. Acceptable forms of documentation include:
  - Last two pay stubs from 2020
  - Profit/loss statement for self-employed from January 1, 2020 through date of income loss
    - Bank statements for self-employed individuals verifying the profit/loss statement by showing income deposits into bank account

Upload completed forms to www.ucdenver.edu/fadocs

Denver: Student Commons Building 5105 | PO Box 173364 | Campus Box 125 | Denver, CO 80217 | 303.315.1850 | Financialaid@ucdenver.edu
Anschutz Medical Campus: Education 2 North | 13120 E. 19th Ave | Box A088 | Aurora, CO 80045 | 303.724.8099 | Financial.Aid@ucdenver.edu

D – FA – Professional Judgement > D - FA - PJ Parent Estimated Income
AY 2020
PAAPJIP
B. Projected Income and Benefits

Before we can consider any changes, please complete the fields in the table below. Include the best estimates for the changes in the financial situation for your parent(s) for the period from 8/1/2019 – 07/31/2020. Please provide the actual amounts from 8/1/2019 to today, and an estimate from tomorrow to 07/31/2020. If you are listing income and benefits as “0”, please provide an explanation on a separate sheet of paper explaining living expenses and support. If this section is not complete, your request will not be processed. **Supporting documentation for all sources of income listed below is required.**

<table>
<thead>
<tr>
<th>Please complete each box. Enter zero if not applicable.</th>
<th>Estimated Total Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual Amounts for 2019 08/01/2019 through 12/31/2019</td>
</tr>
<tr>
<td>Gross Wages, Tips, Salary (Parent 1)</td>
<td>$</td>
</tr>
<tr>
<td>Gross Wages, Tips, Salary (Parent 2, if applicable)</td>
<td>$</td>
</tr>
<tr>
<td>Severance Pay</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Alimony Received</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Received</td>
<td>$</td>
</tr>
<tr>
<td>Veteran Non-Educational</td>
<td>$</td>
</tr>
<tr>
<td>Interest and/or Dividend</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Retirement Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Disability/Worker’s Compensation Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Pensions and/or Annuities</td>
<td>$</td>
</tr>
<tr>
<td>Other (Explain)</td>
<td>$</td>
</tr>
</tbody>
</table>
C. Explanation of Circumstances

Attach a statement detailing the specifics of your family’s circumstances and provide any pertinent information that will help us better understand your family’s particular situation.

Please submit this form and all supporting documentation

- The Financial Aid & Scholarships Office reserves the right to request additional documentation if deemed necessary.
- Incomplete appeals will not be processed until all documents have been received.
- The Financial Aid & Scholarships Office must receive all appeal documents by the end of the current term of enrollment (Spring 2020 or Summer 2020). Students must be currently enrolled in the applicable term for this appeal to be considered.

Completion Checklist:

☐ All documents required in Section A for your parent(s) are included with this appeal form
☐ Include your name and student ID are on all documents
☐ A statement explaining your family’s circumstance is provided

I understand that if the information I provide changes, I must notify the Financial Aid & Scholarships Office immediately and I understand my financial aid award may be revised accordingly. I also understand that approval of this request does not assure approval of a similar future request, and that any financial assistance offered is exclusive to the specific academic year.

By signing this form, I certify that all the information reported is complete and accurate. I understand if I purposely give false or misleading information on this form, I may be fined, sent to prison, or both.

Parent 1 Signature (required) ________________________________ Date ____________________

Parent 2 Signature (if applicable) ____________________________ Date ____________________