



## 2021-2022 Reconsideration of Income Appeal Form for Parents of Dependent Students

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Campus:      Anschutz      Denver

If your parent(s)' 2019 income reported on the *Free Application for Federal Student Aid (FAFSA)* does not reflect your family's income during the 2021 tax year, 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. Applicants who 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 advisors if you have an EFC of zero and have concerns about your financial aid award.

### A. Special Circumstances for Consideration

Check **all** the categories that describe your family's circumstances and submit the required supporting documents. This form cannot be processed without the required documentation.

Check	Special Circumstance	Description	Required Documentation
	Loss or Reduction of Employment Income  Date of Loss/Reduction: _____	Your parent(s) income earned in 2021 will be less than that earned in 2019	<ul style="list-style-type: none"> <li>Termination notice from employer or Letter of Resignation</li> <li>Unemployment benefit notice</li> <li>Last two pay stubs from all 2021 employers showing year-to-date earnings, or if self-employed submit alternate documentation of earnings*</li> </ul>
	Other Loss of Income: Alimony Child Support Retirement/Pension Social Security Worker's Compensation	Your parent(s) received payments/benefits in 2019 which have ceased or been reduced in 2021	<ul style="list-style-type: none"> <li>Original 2019 benefit statement showing total amount received</li> <li>Revised benefit/support statement listing updated amounts received during 2021</li> </ul>
	Separation or Divorce	Your parents separated or divorced after filing the FAFSA	<ul style="list-style-type: none"> <li>Divorce decree or separation agreement or proof of separate residences</li> <li>2019 W2 forms of custodial parent</li> <li>2019 tax return of the custodial parent</li> </ul>
	Death of Parent	A parent has died	<ul style="list-style-type: none"> <li>Death certificate</li> <li>2019 W2 forms of custodial parent</li> <li>2019 tax return of the custodial parent</li> </ul>

\*For all appeals submitted after January 31, 2022, submit a copy of all 2021 U.S. Income Tax documents (tax returns, all schedules, worksheets, W-2s, 1099s, etc.) for your parent(s).

### Upload completed forms to [www.ucdenver.edu/fadocs](http://www.ucdenver.edu/fadocs)

Denver: Student Commons Building 5105 | PO Box 173364 | Campus Box 125 | Denver, CO 80217 | 303.315.1850 | [Financialaid@ucdenver.edu](mailto:Financialaid@ucdenver.edu)  
Anschutz Medical Campus: Education 2 North | 13120 E. 19<sup>th</sup> Ave | Box A088 | Aurora, CO 80045 | 303.724.8039 | [Financial.Aid@ucdenver.edu](mailto:Financial.Aid@ucdenver.edu)



B. Projected Income and Benefits.

**Only complete section B if you are claiming a Loss or Reduction of Employment Income.**

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 1/1/2021 – 12/31/2021. Provide the actual amounts from 1/1/2021 to today, and an estimate from tomorrow to 12/31/2021. If you are listing income and benefits as “0”, provide an explanation on a separate sheet explaining living expenses and support. **Supporting documentation for all sources of income listed below is required.**

Please <b>complete each box</b> , enter zero if not applicable.	Estimated Total Income		
	Actual Amounts 1/1/2021 – Today	Estimated Amounts Tomorrow – 12/31/2021	Anticipated Total Income/Benefit for 2021 (Actual + Estimated)
Gross Wages, Tips, Salary (Parent 1)	\$	\$	\$
Gross Wages, Tips, Salary (Parent 2, if applicable)	\$	\$	\$
Severance Pay	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Alimony Received	\$	\$	\$
Child Support Received	\$	\$	\$
Veteran Non-Educational Benefits	\$	\$	\$
Interest and/or Dividend Income	\$	\$	\$
Social Security Benefits	\$	\$	\$
Retirement Benefits	\$	\$	\$
Disability/Worker’s Compensation Benefits	\$	\$	\$
Pensions and/or Annuities	\$	\$	\$
Other (Explain)	\$	\$	\$

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C. Explanation of Circumstances

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

- 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 **no later than 45 days before** the last day of enrollment.

Completion Checklist:

- All required documentation as indicated on page one two of this form is included/attached
- My name and student ID are on all documents
- I have provided a statement explaining my family’s circumstance

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 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 (signature in ink required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Signature (signature in ink if applicable)

\_\_\_\_\_  
Date

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