

2026-2027 INDEPENDENT STUDENT AID INDEX APPEAL



AUBURN

STUDENT NAME

STUDENT ID NUMBER

STEP 1: NOTIFY FINANCIAL AID

Students who wish to submit a Student Aid Index Appeal should contact our office. This can be done by sending an email to finaid7@auburn.edu with a brief description of your reason for requesting the appeal. If an appeal is deemed necessary, we will create a task for this request on your Student Forms Portal (accessible through AU Access on your My Finances or Admitted Student tab) so that you can upload and submit required documentation.

STEP 2: GATHER AND SUBMIT SUPPORTING DOCUMENTATION

After we have added the task in your Student Forms Portal, you will need to register your Student Forms Portal account, if you haven't already done so. Then, you can access your task for appeal, where you can complete the form and upload your supporting documentation.

Supporting Documentation: All appeals should include the following:

- Signed copy of student's (and spouse's, if applicable) 2025 Federal Tax Return (pages 1, 2, and all schedules). 2024 taxes may be requested, if necessary.
- Student's (and spouse's, if applicable) 2024 and 2025 W2s
- Projected income and household information located on the second page of this document

Additional documentation is required relevant to your circumstance. The circumstances listed below are the most common circumstances that we review, but we may also review other circumstances that are not listed. Please choose from the list below.

- ☐ My job status has changed since the tax year on the FAFSA and I have an income reduction.
 - Submit a copy of your resignation letter or termination notice from employer reflecting the last date of employment, if applicable.
 - Final paystub, if no longer employed
 - Most recent paystub or letter showing salary from employer, if you are currently employed and a W2 cannot be provided
 - Proof of unemployment benefits, if applicable
- ☐ Since completing my financial aid application, I am no longer married due to a separation or divorce.
 - Submit a copy of the divorce decree or a letter from your attorney indicating your separation status. Living in the same household is not considered separated.
- ☐ Since completing the FAFSA my spouse has died.
 - Submit a copy of death certificate
- ☐ My spouse earned money during the tax year on the FAFSA but has lost his/her job for at least 10 weeks.
 - Submit a copy of his/her resignation letter or termination notice from employer reflecting the last date of employment.
 - Final paystub
 - Proof of unemployment benefits, if applicable
- ☐ I, or my spouse, earned money on the FAFSA but have not been able to earn money in the usual way for at least 10 weeks because of a disability or natural disaster.
 - Submit a letter from your physician indicating the nature of your disability, or submit a letter from the appropriate state or federal agency indicating that your area has been designated an area eligible for natural disaster relief.
 - Final paystub
- ☐ I, or my spouse, received unemployment compensation or some untaxed income in 2025 but have lost or had a reduction in that income or benefit.
 - Submit documentation of the reduction or termination of benefits.
- ☐ I, or my spouse, have unusually high medical/dental/optical expenses paid out-of-pocket, not covered by insurance.
 - Submit copies of canceled checks and/or receipts for payments made to medical facilities.
- ☐ I, or my spouse, have expenses for elementary or secondary tuition for a special needs child.
 - Submit a letter on school letterhead indicating the annual tuition. The letter must be signed and dated by the director.
 - Submit a letter from physician stating that child requires special care.
- ☐ Other _____

PROJECTED INCOME

Projected income is only needed if your circumstance occurred late 2025 or in 2026. Otherwise 2025 taxes will be used and the projected income portion of this form will be disregarded.

STUDENT'S INFORMATION	
Student's Income from Work	Yearly amount: \$ _____
Name and Address of Student's Employer	_____ _____ _____ _____
Student's Other Income Source: _____ <i>Include unemployment compensation, interest/dividend income, rental income, trust funds, and any other sources of income.</i>	Yearly amount: \$ _____ Monthly amount: \$ _____
SPOUSE'S INFORMATION	
Spouse's Income from Work	Yearly amount: \$ _____
Name and Address of His/Her Employer	_____ _____ _____ _____
Spouse's Other Income Source: _____ <i>Include unemployment compensation, interest/dividend income, rental income, trust funds, and any other sources of income.</i>	Yearly amount: \$ _____ Monthly amount: \$ _____

HOUSEHOLD INFORMATION

Please list all the people in your household, including yourself, your spouse (if applicable), and other people living with you for which you provide more than half of their support and will continue to provide more than half of their support from July 1, 2026, through June 30, 2027.

Full name of Family Member	Age	Relationship to student
		Yourself (student)

Certification: All of the information provided on this form is true and complete to the best of my knowledge. If asked, I agree to provide additional documentation if requested by the Office of Student Financial Services to verify the accuracy of this information.

STUDENT SIGNATURE

DATE

SPOUSE SIGNATURE

DATE