## 2024-2025 DEPENDENT STUDENT AID INDEX APPEAL



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 then create a task for this request in 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, complete the online form, and upload your supporting documentation.

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Supporting Documentation: All appeals should include the following:  Signed copy of parents' 2022 and 2023 Federal Tax Return (pages 1, 2, and all schedules)  Parents' 2022 and 2023 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.
<ul> <li>My parent who earned money on the FAFSA has lost his/her job for at least 10 weeks since submitting my FAFSA.</li> <li>Submit a copy of his/her resignation letter or termination notice from employer reflecting the last date of employment.</li> <li>Final paystub</li> <li>Proof of unemployment benefits, if applicable</li> </ul>
<ul> <li>My parent changed jobs and now has an income reduction.</li> <li>Submit a copy of his/her resignation letter or termination notice from employer reflecting the last date of employment.</li> <li>Most recent paystub or letter showing salary from employer, if W2 cannot be provided</li> <li>Proof of unemployment benefits, if applicable</li> </ul>
<ul> <li>Since completing the FAFSA my parents have separated or divorced.</li> <li>Submit a copy of the divorce decree or a letter from their attorney indicating their separation status. Parents living in the same household are not considered separated.</li> <li>Typed and signed statement regarding which parent will be providing more than half of student's support. If equal, which</li> </ul>
parent has the greater income/assets?  • Required income documentation for determined FAFSA parent.  Since completing the FAFSA one of my parents has died.
<ul> <li>Submit a copy of death certificate</li> <li>Income documentation for surviving parent</li> <li>My parent received a one-time taxable income (IRA or pension distribution).</li> <li>Submit documentation of the one-time distribution.</li> </ul>
<ul> <li>My parent who earned money on the FAFSA has not been able to earn money in the usual way for at least 10 weeks because of a disability or natural disaster.</li> <li>Submit a letter from their physician indicating the nature of your parent's disability, or submit a letter from the appropriate</li> </ul>
state or federal agency indicating that your area has been designated an area eligible for natural disaster relief.  • Final paystub  My parent received unemployment compensation, Social Security Disability Benefits, or some other untaxed income last year that will not be available this year.
Submit documentation of the reduction or termination of benefits.  Child support or alimony has been reduced and/or terminated.

• Submit documentation of the reduction or termination of benefits. ☐ My parent has unusually high medical/dental/optical expenses they paid out-of-pocket, not covered by insurance. • Submit copies of canceled checks and/or receipts for payments made to medical facilities. ☐ My parent has expenses for elementary or secondary tuition for 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 2023 or in 2024. Otherwise 2023 taxes will be used and the projected income portion of this form will be disregarded.

PARENT 1 INFORMATION		
Parent 1 Income from Work		Yearly amount: \$
Name and Address of Employer		
Parent 1 Other Income Source: Include unemployment compensation, interest/dividend income, rental income, pension/annuity, disability income, retirement pay, and any other forms of income.		
PARENT 2 INFORMATION		
Parent 2 Income from Work		Yearly amount: \$
Name and Address of Employer		
Parent 2 Other Income Source: Include unemployment compensation, interest/dividual income, pension/annuity, disability income, retirement forms of income.  HOUSEHOLD INFORMAT Please list all the people in your household, in parents for which they provide more than half support from July 1, 2024, through June 30, 2	ION ncluding yourse of their suppor	Yearly amount: \$  Monthly amount: \$  If, your parents, and other people living with your tand will continue to provide more than half of their
Full name of Family Member	Age	Relationship to student
		Yourself (student)
ertification: All of the information provided asked, I agree to provide additional docum ccuracy of this information.	on this form is entation if requ	true and complete to the best of my knowledge. Lested by the Office of Financial Aid to verify the
UDENT SIGNATURE DA		PARENT SIGNATURE DATE

