



**Reason for Appeal and Required Documentation**

Please indicate the nature of your appeal and submit all required documentation to Student Financial Services.

Nature of Appeal	Required Documentation
<input type="checkbox"/> One-time income included in 2019 Adjusted Gross Income <ul style="list-style-type: none"> <li>• One-time pension/IRA liquidation</li> <li>• Settlements</li> <li>• Capital gains</li> </ul>	<ul style="list-style-type: none"> <li>• 2019 IRS Tax Return Transcript or <b><i>signed</i></b> 2019 tax return (1040 form); AND;</li> <li>• 2019 W-2 Statements AND;</li> <li>• Documentation of one-time income (e.g. 1099 Statement; settlement agreement) AND;</li> <li>• Explanation of how one-time funds were spent</li> </ul>
<input type="checkbox"/> Loss of job/job change and loss of income	<ul style="list-style-type: none"> <li>• 2021-22 FAFSA with completed &amp; unaltered IRS Data Retrieval – OR 2019 Tax Return Transcript or <b><i>signed</i></b> 2019 tax return (1040 form); and 2019 W2 Statements AND;</li> <li>• Estimated 2021 Income Worksheet AND;</li> <li>• Last paystub from previous employer AND;</li> <li>• If applicable, paystub from new employer.</li> </ul>
<input type="checkbox"/> Extenuating medical/dental expenses PAID in 2019	<ul style="list-style-type: none"> <li>• 2019 Tax Return Transcript or <b><i>signed</i></b> 2019 tax return (1040 form); including Schedule A AND;</li> <li>• 2019 W-2 Statements</li> </ul> <p>If Schedule A was not filed, provide the following in addition:</p> <ul style="list-style-type: none"> <li>• Itemized list of expenses paid including date paid, amount paid, payee and purpose AND;</li> <li>• Signed statement that the expenses itemized were paid out of pocket in 2019, were not reimbursed by insurance and were not paid with tax-free flexible spending plan accounts AND;</li> <li>• Copies of cancelled checks/credit card statement showing amounts paid.</li> </ul>
<input type="checkbox"/> Divorce or separation	<ul style="list-style-type: none"> <li>• 2019 Tax Return Transcript or <b><i>signed</i></b> 2019 tax return (1040 form); AND;</li> <li>• 2019 W-2 Statements AND;</li> <li>• Explanation of which parent was the source of any non-wage income (e.g. which parent received untaxed income, capital gains, etc) AND;</li> <li>• Signed statement indicating month/year of separation and divorce and which parent the student will live with most during the 2021-22 school year.</li> </ul>
<input type="checkbox"/> Death of spouse	<ul style="list-style-type: none"> <li>• 2019 Tax Return Transcript or <b><i>signed</i></b> 2019 tax return (1040 form); AND;</li> <li>• 2019 W-2 Statements AND;</li> <li>• Copy of obituary or death certificate</li> </ul>
<input type="checkbox"/> Other	<p>Please explain your family’s extenuating circumstances in detail on the first page or on an attached statement. Provide supporting documentation as available. Please note that Student Financial Services may contact you to request additional documentation.</p>

**CERTIFICATION:** I certify that all the information reported on this form is true, complete and correct. I understand that any false statements could be cause for denial, reduction, withdrawal or repayment of financial aid.

Please print and sign before submitting. We CANNOT accept digital signatures.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date

**\*\*IF REQUIRED, CONTINUE TO ESTIMATED INCOME WORKSHEET ON PAGE 3\*\***

## 2021-2022 Parent(s)' Estimated 2021 Income Worksheet

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

SMC ID# \_\_\_\_\_

Complete the Estimated Income Worksheet when you are able to provide an accurate, good-faith estimate of projected 2021 income from all sources. Please be sure to sign and date the certification statement below.

**IF ANY ITEM DOES NOT APPLY, ENTER "NA". DO NOT LEAVE ANY ITEMS BLANK.**

SOURCE	RECEIVED TO DATE	REMAINDER OF 2021 ESTIMATED	TOTAL 2021
<b>TAXABLE INCOME</b>			
First parent's wages (before taxes)			
Second parent's wages (before taxes)			
Taxable interest/dividend income			
Net rental income			
Net business/farm income			
Taxable pensions/annuities/IRA distributions			
Capital gains			
Trust income			
Partnership income			
Alimony received			
Unemployment income/benefits			
Taxable Social Security benefits			
Severance/Settlement Payments			
Other taxable income			
<b>UNTAXED INCOME</b>			
Untaxed pension and annuity distributions (exclude rollovers)			
Untaxed IRA distributions (exclude rollovers)			
Child Support Received			
Payments to tax deferred pension/savings plans			
Tax exempt interest			
IRA/SEP/SIMPLE/KEOGH Deductions			
Veterans <b>Non-Educational</b> Benefits			
Payments to tax-deferred retirement savings plans			
Housing/food/living allowance for members of the clergy, military & others			
Other untaxed income			
<b>ADDITIONAL INCOME INFORMATION</b>			
Child Support PAID			
Alimony PAID			
Education Credits			

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent E-Mail Address