Recognizing that the information collected by the 2014/2015 Free Application for Federal Student Aid (FAFSA) does not always reflect an applicant’s current financial circumstances, the Office of Financial Aid may re-evaluate eligibility for student aid when the following specific circumstances have occurred in 2013 or 2014. Please note that submitting an appeal will automatically select the student’s financial aid file for the tax verification process in the current and subsequent award years. If you have not already done so, you will need to complete and submit the appropriate tax Verification Worksheet to our office. Tax filers will also need to complete the IRS Data Retrieval on the online FAFSA or submit official 2013 IRS tax return transcript(s) with the verification worksheet for the verification and appeal process to be completed. Financial Aid appeals cannot be considered and will not be accepted unless the necessary documentation and 2013 tax verification requirements (if not previously submitted) are provided with this appeal form.

Student Name: ________________________________________  USF Student ID: _______________________

Please note: USF is unable to consider appeals that are based on the following:
Private school tuition, IRA withdrawal to meet expenses, gambling loss/winning, capital gain received as income in 2013, personal debts/liens/garnishments, termination for cause, and financial support for others not allowed on FAFSA.

A. Reason for Appeal:
Check the box below that most accurately describes your situation. You may check more than one if appropriate. Be sure to complete the following pages of this form as accurately as possible in all cases.

- □ Involuntary reduction of 2013 or 2014 gross household income:
  ___ Loss of Employment  ___ Furlough  ___ Pay Cut  ___ Change of Job Position
  ___ Other: ___________________

  Date of change: ___________. Attach documentation of income changes as well as most recent pay stubs for student and each parent (or spouse, if applicable). The change must have occurred in either 2013 or 2014.

- □ 2013 IRA Rollover: Please attach a letter explaining the circumstances that resulted in the 2013 IRA rollover income and documentation of reinvestment of the 2013 IRA disbursement.

- □ Extraordinary unreimbursed medical and/or dental expenses: Amount paid for 2013 calendar year: _______________. Attach a detailed letter and supporting documentation of the 2013 or 2014 out of pocket medical expenses. (Please note that USF cannot make adjustments for the cost of insurance or co-pay premium)

- □ Death of a parent or spouse after the FAFSA was filed: Date: ___________. Attach a copy of the death certificate and documentation of any death benefits received.
Appeals submitted after June 15, 2014 may not be eligible for an adjustment of the limited university grant funds but will be considered for additional State or Federal aid. Once we review your appeal and determine whether an adjustment can be made, we will notify the student of the outcome. If changes are made to the student’s financial aid package, the student will receive a revised award email notification. Response time will vary based on our volume of appeals at the time your request is received, but generally the student can expect a response within two weeks.

Appeal letters, supporting documentation and tax verification requirements can be faxed to (415) 422-6084. You may also mail your documents to the address at the bottom of this document.

B. Projected 2014 Income:
Complete this section if you are appealing based on 2013 or 2014 income-related changes. You will automatically be selected for tax verification the next award year and your actual 2014 income will be verified. If changes were made to your financial aid based on your projections and the actual figures are higher than your projections, aid may be adjusted, you may be required to repay financial aid received and we will be unable to process additional appeals based on similar circumstances for future academic years.

You must complete the 2013 tax verification process and provide documentation for your estimates, such as your most recent pay stubs, a letter from your employer, unemployment benefit statement, etc. Please briefly explain the change below. If more room is needed, you may also attach your own letter to provide additional information.

Parents

☐ Mother/stepmother change in income. Date of change: __________

Briefly explain the change: ____________________________________________________________

☐ Father/stepfather change in income. Date of change: __________

Briefly explain the change: ____________________________________________________________

Please provide all requested information (write 0 if appropriate):

<table>
<thead>
<tr>
<th>Information</th>
<th>Mother/Stepmother</th>
<th>Father/Stepfather</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross monthly income in last full month before change in income</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Gross monthly income after change (or best estimate)</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Gross amount of any other monthly untaxed income/benefits</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

Student

☐ Student/spouse change in income. Date of change: __________

Briefly explain the change: ____________________________________________________________
Please provide all requested information (write 0 if appropriate):

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross monthly income in last full month before change in income</td>
<td>$ _________</td>
<td>$ _________</td>
</tr>
<tr>
<td>Gross monthly income after changes (or best estimate)</td>
<td>$ _________</td>
<td>$ _________</td>
</tr>
<tr>
<td>Gross amount of any other monthly untaxed income/benefits</td>
<td>$ _________</td>
<td>$ _________</td>
</tr>
</tbody>
</table>

C. Certification Statement:
The information provided on this form is accurate and complete to the best of our knowledge. We understand that completing this form does not guarantee financial aid will be increased. We also understand that if our financial aid award is revised based on using our projected income for 2014, the revision may be for the 2014/2015 appeal year only if the projected income is later verified as inaccurate. We also agree to notify the Financial Aid Office if there are changes to our appeal circumstances at the time they occur.

Student’s Signature: ___________________________________________ Date: ____________

Parent (or spouse, if applicable) Signature: __________________________________ Date: ____________

ALL APPEALS MUST HAVE PROPER DOCUMENTATION ATTACHED WITH 2013 TAX VERIFICATION REQUIREMENTS (UNLESS SUBMITTED PREVIOUSLY). INCOMPLETE APPEALS WILL NOT BE REVIEWED.

Return to: USF Financial Aid Operations and Services, 2130 Fulton St, San Francisco, CA 94117-1080
Or fax to (415) 422-6084

For Office Use Only
Prior year special circumstances: □ Yes □ No
□ Approved Trans#: _______ Previous EFC: _______ Trans#: _______ New EFC: _______
□ Denied Reviewed By: ___________________________ Date: ____________

To calculate estimated tax paid:

\[
\text{Projected year’s AGI } \left( \frac{\text{Projected year’s AGI}}{\text{Base year’s AGI}} \right) \times \text{Base year’s tax paid} = \$
\]

Base year’s AGI (_______)

Financial Aid Office Comments/Adjustments made:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________