

# 2024-2025 INDEPENDENT STUDENT AID INDEX APPEAL



AUBURN

## INSTRUCTIONS

### STEP 1

Students who wish to submit a Student Aid Index Appeal should contact our office. This can be done by sending an email to [woodsab@auburn.edu](mailto:woodsab@auburn.edu) with a brief description of your reason for requesting the appeal. We will then create a task for this request on your Student Forms Portal (accessible thru AU Access on your My Finances or Admitted Student tab) so that you can upload and submit required documentation there.

### STEP 2

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 Third Party documentation.

Third Party Documentation: Students should submit a signed copy of their 2023 Federal Tax Return, the Projected Income Form located on the second page of this document, and other documentation relevant to your circumstance (see table below). The tax return should be signed by the tax filer, not the tax preparer.

### STEP 3

Appeal requests will be reviewed within a reasonable time frame after all requested documentation has been received, but no later than 60 days after the student's enrollment. Students will be notified of the appeal decision by email at their AU email address. The circumstances listed below are the most common circumstances that we review, but we may also review other circumstances that are not listed.

Circumstance	Required Documentation
I worked full-time in 2023 (at least 35 hours a week for at least 30 weeks), however, I am no longer employed full-time.	Submit a copy of your resignation letter or termination notice from your employer. This letter should show the last date of employment.
My job status has changed and I have a reduction in income.	Submit explanation.
Since completing my financial aid application, I am no longer married due to a separation, divorce, or death of my spouse.	Submit a copy of the divorce decree, death certificate or a letter from your attorney indicating the separation status.
My spouse earned money in 2023 but has lost his/her job for at least 10 weeks.	Submit a copy of his/her resignation letter or termination notice from the employer. This letter should show the last date of employment.
I, or my spouse, earned money in 2023 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.
I, or my spouse, received unemployment compensation or some untaxed income in 2023 but have completely lost that income or benefit	Submit a copy of your termination notice from the Unemployment Agency. Submit proof of untaxed income that will not recur.
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 special needs child.	Submit a letter from the director of the school on letterhead indicating the annual tuition. The letter must be signed and dated by the director.

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## PROJECTED INCOME FORM

STUDENT NAME \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

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

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 prove the accuracy of this information.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SPOUSE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### SCHOOL USE ONLY

Accept Request \_\_\_\_\_ Reject Request \_\_\_\_\_

Total 2023 Taxable Income \$ \_\_\_\_\_

Total 2023 Untaxable Income \$ \_\_\_\_\_

Federal Income Tax Owed 2023 \$ \_\_\_\_\_

Reason \_\_\_\_\_

Signature of Financial Aid Administrator \_\_\_\_\_ Date \_\_\_\_\_