Mayville State University

Student Financial Aid Office

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FAA:

2014-15 Contribution Adjustment Request—Dependent

Student's Name (please print) _____ Social Security Number _____

A letter of explanation is required to accompany this form. Forms received without a letter will be returned to the student.

A financial aid administrator may adjust an individual family contribution if the administrator believes the family's financial circumstances warrant. The financial aid administrator will not automatically make these adjustments, there must be valid, substantiated reasons for the adjustment.

If your family's 2014 income will be equal to or greater than the 2013 income, do not complete the rest of this form! Contact a financial aid administrator to discuss possible options.

If you qualify for a contribution adjustment, this form (completed front and back), along with a written explanation of your situation, must be submitted to the Student Financial Aid Office. An administrator will review your request for reconsideration. Additional documentation or information may be requested. Examples include (depending on your situation): tax returns, written statements listing types and amounts of income or resources, a copy of a letter of termination, copies of medical bills or private tuition payments, statements from counselors, clergy or social workers, statements from accountants or bankers, marriage certificates or divorce decrees. Documentation is necessary in a student's file to support the administrator's decision and provide a history of the circumstance for an audit or program review.

Please review the questions below and indicate which explanation(s) applies to the reason(s) your family's 2014 income will be reduced.

- ❑ Death of parent (must have occurred AFTER January 1, 2013).
  Date: _____ (Month/Day/Year) _____ (Relationship)

- ❑ Divorce/Separation of parents (must have occurred AFTER January 1, 2013).
  Date: _____ (Month/Day/Year)
  Will the parent whose income information is provided on your FAFSA receive or pay child support?
  ❑ Yes ❑ No If yes, as of what date will the payments begin? Date: _____ (Month/Day/Year)

- ❑ Permanent and total disability of a parent (must have occurred AFTER January 1, 2013).
  Date: _____ (Month/Day/Year) _____ (Relationship)

- ❑ Parent has retired; been unemployed for at least 10 weeks or has experienced a change in employment status which will result in an income reduction AFTER January 1, 2013.
  Date: _____ (Month/Day/Year) _____ (Relationship)

- ❑ Untaxed income has ceased or been reduced.
  Date: _____ (Month/Day/Year) _____ (Type of income)

Complete both of the sections (Taxed and Untaxed) below with income (prior to exemptions, adjustments, or deductions) your family expects to receive **from January 1, 2014 to December 31, 2014**. IF NONE, ENTER ZEROS.

TOTAL 2014 GROSS TAXED INCOME	**Father's Income**	**Mother's Income**
1. Wages, salaries, tips	$_____	$_____
2. Severance pay	$_____	$_____
3. Pensions and annuities	$_____	$_____
4. Interest and dividend income	$_____	$_____
5. Business or farm income	$_____	$_____
6. Capital gains	$_____	$_____
7. Income received from rents after expenses paid for mortgage interest, taxes, and insurance	$_____	$_____
8. Alimony which will be received	$_____	$_____
9. Unemployment Compensation (State and/or SUB)	$_____	$_____
10. Taxable Social Security benefits	$_____	$_____
11. Any other taxed income _____	$_____	$_____
Total 2014 Gross Taxed Income	**$_____**	**$_____**

TOTAL 2014 UNTAXED INCOME	**Father's Income**	**Mother's Income**
1. Untaxed portion of pensions	$_____	$_____
2. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portion of 401(k) and 403(b) plans (from Box 12 on W-2s).	$_____	$_____
3. Child support or maintenance payments which will be received for the student and ALL other children (include cash support or money paid on student's behalf from noncustodial parent	$_____	$_____
4. Living and housing allowances (excluding rent subsidies for low income housing) for clergy, military and others (include cash payments or cash value of benefits)	$_____	$_____
5. Veteran's benefits <u>except</u> student's educational benefits	$_____	$_____
6. Retirement or disability benefits	$_____	$_____
7. Railroad Retirement benefits	$_____	$_____
8. Workers' Compensation	$_____	$_____
9. Any other untaxed income and benefits _____ *Don't include student aid, earned income tax credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.*	$_____	$_____
Total 2014 Untaxed Income	**$_____**	$_____

Will Father/Mother pay child support during **2014**? ❑ Yes ❑ No
If yes, Number of Months _____ Monthly Payment $_____ **TOTAL $**_____

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Warning: If you purposely give false or misleading information on this form to help establish eligibility for federal student aid, you may be subject to a $10,000 fine, a prison sentence or both.