ADELPHI UNIVERSITY

One-Stop Student Services Center

2023-24 Dependent Student Aid Appeal Form

Student Name _____ Student ID Number _____

The 2023-24 FAFSA requires families to provide income information from the 2021 tax year. If there has been a significant change in income since 2021, use this form to request a review of your aid based on your current income situation. Forms submitted without appropriate documentation will not be considered. ***You will need to provide a signed cover letter, student and parent signatures, explaining your change in circumstances.*** Additional documentation may be requested.

Please indicate the date of change in circumstance: _____

Name of person change in circumstance pertains to and relationship to student: _____

Part A

Special Circumstance Check appropriate box, which reflects your circumstance:	**Definition**	**Required Documentation** Dependent students submit parental Tax Return(s) Form 1040, W-2 & 1099 Forms, Untaxed Income Worksheet, etc.
☐ **Loss of income or employment in 2021** (wage/employment, alimony, child support, retirement/pension, taxed social security, worker's compensation)	Income and/or benefits in 2022 were significantly less than in 2021.	• Documentation of loss of employment or other income • Unemployment Benefits Statement/History • 2021 & 2022 signed Tax Return Form 1040 with all schedules • 2021 & 2022 W-2 Forms and 1099 Forms • Last pay stub showing year-to-date earnings and withholdings • 2022 Untaxed Income Worksheet
☐ **Loss of income or employment in 2022 or 2023** (wage/employment, alimony, child support, retirement/pension, taxed social security, worker's compensation)	2022 or projected 2023 income and/or benefits will be significantly less than in 2021. *Note:* Recent unemployment is subject to an eight-week waiting period.	• Documentation of loss of employment or other income • Unemployment Benefits Statement/History • 2022 signed Tax Return Form 1040 with all schedules • 2022 W-2 Forms and 1099 Forms • Last pay stub showing year-to-date earnings and withholdings • 2022 & 2023 Untaxed Income Worksheet • Complete **Part B** of this form
☐ **One-time payment such as retirement account withdrawal or retroactive wages**	A lump sum payment was received in 2021 and will not be received again.	• 2021 & 2022 signed Tax Return Form 1040 with all schedules • 2021 & 2022 W-2 Forms and 1099 Forms • Documentation of one-time payment • Letter explaining what the funds were used for and the remaining balance of the payment
☐ **Separation or Divorce**	FAFSA information does not reflect current marital status or income. *Note:* Recent non-legal separations are subject to a six-month waiting period.	• Divorce/separation agreement or attorney letter • Documentation of separate residences • 2021 & 2022 signed Tax Return Form 1040 with all schedules • 2021 & 2022 W-2 Forms and 1099 Forms • 2021 & 2022 Untaxed Income Worksheet available on Adelphi's One-Stop Student Services Center's website • Number of Household Members and Number in College Form available on our website
☐ **Death of a parent**	Parent passed away since filing FAFSA.	• Death Certificate • Amount of any death benefits to be received • 2022 signed Tax Return Form 1040 and all schedules • 2022 W-2 Forms and 1099 Forms
☐ **Medical/Dental Expenses**	Expenses paid out-of-pocket which exceed 11% of 2021 total Income.	• 2021 signed Tax Return Form 1040 with all schedules • 2021 W-2 Forms and 1099 Forms • Copies of all out-of-pocket paid expenses (not bills) for 2021
☐ **Other**	Extenuating circumstances not listed above.	• Submit individual documentation to validate your circumstance

Part B

Complete Part B only if you checked Loss of income or employment in 2022 or 2023 in Part A. You must also complete the 2023 Untaxed Income Worksheet. Submit documentation to verify amounts reported. Do not leave blanks; enter '0' if not applicable.

PROJECTED HOUSEHOLD INCOME AND BENEFITS FROM JANUARY 1, 2023 TO DECEMBER 31, 2023:

Source of Taxable Income	Father/Stepfather	Mother/Stepmother
Wages, Tips, Salary	$	$
Severance Pay	$	$
Interest and/or Dividend Income	$	$
Unemployment Compensation	$	$
Worker's Compensation	$	$
Pension and/or Annuities (taxable)	$	$
Disability Benefits (taxable)	$	$
Social Security Benefits (taxable)	$	$
Alimony	$	$
Other Taxable Income	$	$
TOTAL	$	$

Do you plan to take out student loans for the 2023-2024 year? Yes ____ No ____

Statement of Clarification:
All of the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that appeals are reviewed on a case-by-case basis and this written request may not result in a change of financial aid already offered. Please allow approximately 4 weeks for processing time. Your request for an appeal does not extend the payment deadline for billing purposes.

Student's Signature Date

Parent's Signature (required since student is dependent) Date

HAVE YOU PROVIDED ALL OF THE FOLLOWING?

__ Signed detailed statement of circumstances
__ Tax Forms including schedules, W-2 & 1099 Forms
__ Appropriate Untaxed Income Worksheet(s)
__ All required documentation as indicated
__Appropriate signatures on all forms
__Student's Name and ID Number on all forms

THE FOLLOWING WILL NOT BE CONSIDERED FOR APPEALS:

Discretionary personal expenses or consumer debt (i.e., credit card bills); Bankruptcy; Lottery winnings; Repeated retirement account withdrawals.

Return to One-Stop Student Services Center, Levermore Hall, Lower Level, Room 8
516.877.3080/f 516.877.3380, Email: onestop@adelphi.edu

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One-Stop Student Services Center

Student's Name_____ Student's ID #_____

2022 PARENTAL UNTAXED INCOME WORKSHEET

Do not leave blanks. If an item does not apply, enter $0.

$_____ Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. **Do not include** amounts reported in code DD (employer contributions toward employee health benefits). **If amount is reported, submit copies of all parental W-2 Forms.**

$_____IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 **Schedule 1 - total of lines 16 and 20.**

$_____ Child support received. **Do not include** foster care or adoption payments. **If different from amount received in 2021, submit documentation, such as a copy of court order, to verify change.**

$_____ Tax exempt interest income from IRS Form 1040—line 2a.

$_____ Untaxed portions of IRA distributions from IRS Form 1040—lines 4a minus 4b. **Exclude rollovers.** If negative, enter a zero here.

$_____ Untaxed portions of pension and annuities from IRS Form 1040—lines 5a minus 5b. **Exclude rollovers.** If negative, enter a zero here.

$_____ Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Do not include** the value of on-base military housing or the value of a basic military allowance for housing. **Submit appropriate documentation to verify amount.**

$_____ Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. **Submit documentation to verify amount.**

$_____ Other untaxed income not reported above, such as workers' compensation, disability benefits, untaxed foreign income not earned from work, etc. Also, include the untaxed portions of health savings accounts from **IRS Form 1040 Schedule 1, line 13**. **Do not include** extended foster care benefits, student aid, earned income credit, additional child tax credit, TANF-welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. **Submit documentation to verify amount reported.**

Student Signature/Date_____

Parent Signature/Date_____

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Student's Name_____ Student's ID #_____

Projected 2023 PARENTAL UNTAXED INCOME WORKSHEET

(IRS line numbers indicated below reference the 2022 Form 1040)

Do not leave blanks. If an item does not apply, enter $0.

$_____ Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. **Do not include** amounts reported in code DD (employer contributions toward employee health benefits). **If amount is reported, submit copies of all parental W-2 Forms.**

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$_____ Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). **Do not include** the value of on-base military housing or the value of a basic military allowance for housing. **Submit appropriate documentation to verify amount.**

$_____ Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. **Submit documentation to verify amount.**

$_____ Other untaxed income not reported above, such as workers' compensation, disability benefits, untaxed foreign income not earned from work, etc. Also, include the untaxed portions of health savings accounts from **IRS Form 1040 Schedule 1, line 13**. **Do not include** extended foster care benefits, student aid, earned income credit, additional child tax credit, TANF-welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. **Submit documentation to verify amount reported.**

Student Signature/Date_____

Parent Signature/Date_____

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