

2016-17 Financial Aid Revision Petition

Your eligibility for financial aid was originally calculated based on the information you provided on the *Free Application for Federal Student Aid* (FAFSA). The income and asset information that you submitted was evaluated by a formula called Federal Methodology as set by Congress. This formula assumes that 2015 income is a good predictor of the family's financial strength during the student's 2016-2017 enrollment. Based on this assumption, financial aid eligibility is determined using 2015 tax return information.

The Office of Student Financial Affairs at the University of Florida recognizes that many families experience changes in income or family situations that are not reflected in the 2015 tax return data. Therefore, it is possible for students to appeal their financial aid eligibility if they have special financial circumstances.

An approved petition cannot be processed for changes until verification is complete. Please check your aid status using ISIS (www.isis.ufl.edu). Log in, choose: Financial Aid>2016-17>Aid Status> to determine if your financial aid file is incomplete for any reason (missing documents or unmet requirements).

A Financial Aid Revision Petition may be filed if you have extenuating circumstances, which you believe warrant a reevaluation of your financial aid. Circumstances may include, but are not limited to:

- Loss or change of employment
- Loss or change in amount of child support, Social Security, or other benefits
- Divorce or separation of parents or spouse
- Death of parent(s) or spouse
- Unusual medical expenses (not covered by insurance)
- One-time taxable income (e.g. IRA, pension distribution, back-year Social Security payments)
- Parent attending college (must be enrolled full-time in a degree-seeking program)
- Student's parent has retired
- Change of marital status for dependent students

Circumstances that are NOT considered as extenuating include, but are not limited to:

- Standard living expenses (e.g. utilities, credit card payments, children's allowances, etc.)
- Mortgage payments
- Car payments
- Credit card or other personal debts
- Vacation expenses
- All other discretionary expenses

I certify that all of the information provided on this appeal is true and complete to the best of my knowledge, and that I have read and understood the information provided regarding the petition process. I understand that I may be required to provide a copy of my 2015 federal income tax return at a future date as verification of the information provided on this petition. If it is determined that the projected income provided was inaccurate, an adjustment to current or future financial aid could result.

Student Name _____ UFID _____

Street Address _____ City _____ State _____ Zip _____ Phone Number _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

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Student's Name _____ **UFID** _____

All students must attach a signed statement asking for a reevaluation of their financial aid, explaining their situation in detail. Additionally, students must indicate below the reason for their appeal and submit the required documentation along with their petition and statement.

Check Box	Reason	Documentation
<input type="checkbox"/>	Loss or change in employment	<ul style="list-style-type: none"> 2016 Estimated Income Worksheet Copy of separation notice and final paystub Copy of 2015 tax return transcript and W-2s, if not already submitted If this form is submitted after December 2016, submit a copy of your and your parent's 2016 tax return transcripts and W-2s If parent has a new job, submit a paystub from the new job with the YTD earnings. Include beginning date of new job in your written statement Documentation of unemployment benefits, if applicable
<input type="checkbox"/>	Loss or change in amount of child support, social security, or other benefits	<ul style="list-style-type: none"> 2016 Estimated Income Worksheet If benefits are terminated, provide documentation of the monthly benefit amount received and date of benefit termination If benefits are reduced, provide documentation of original amount, date or reduction, and reduced amount
<input type="checkbox"/>	Divorce or separation of parents or spouse	<ul style="list-style-type: none"> Please meet with your financial aid adviser
<input type="checkbox"/>	Death of parent(s) or spouse	<ul style="list-style-type: none"> 2016 Estimated Income Worksheet Copy of death certificate or obituary Copy of 2015 tax return transcript and W-2s, if not already submitted
<input type="checkbox"/>	Unusual medical expenses	<ul style="list-style-type: none"> Medical Expenses Worksheet For 2015 expenses, submit a 2015 IRS 1040 Schedule A if you itemized medical expenses. If you did not itemize, submit proof of payment (e.g. cancelled checks, receipts, credit card statements). For 2016 expenses, submit a 2016 IRS 1040 Schedule A. If you did not itemize, or if you have not filed, submit proof of payment (e.g. cancelled checks, receipts, credit card statements).
<input type="checkbox"/>	One-Time taxable income (e.g. IRA, pension distribution, back-year Social Security payments)	<ul style="list-style-type: none"> Documentation to identify the source of income and itemized statement of how that money was spent Copy of 2015 Tax Return showing the one-time taxable income
<input type="checkbox"/>	Parent attending college (must create an extenuating circumstance)	<ul style="list-style-type: none"> Copy of class schedule and tuition receipt showing that parent is attending Certified enrollment from the Registrar's Office at the parent's institution
<input type="checkbox"/>	Student's parent has retired	<ul style="list-style-type: none"> 2016 Estimated Income Worksheet Documentation of monthly income sources for all retirement income, including social security (if applicable)
<input type="checkbox"/>	Change of marital status for dependent students who are married after the FAFSA has been filed	<ul style="list-style-type: none"> Please meet with your financial aid adviser
<input type="checkbox"/>	Other	<ul style="list-style-type: none"> A personal statement and supporting documentation for consideration of this petition Your statement must clearly identify your special circumstance and what you are requesting

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2016 Estimated Income Worksheet (January 1, 2016-December 31, 2016)

Student's Name _____ UFID _____

	Parent 1	Parent 2	Student	Spouse
Taxable: Wages, salaries, and tips				
Unemployment Benefits				
Pension				
Alimony				
Other (Please Specify) _____				
Other (Please Specify) _____				
Non-Taxable: Tax exempt interest income, IRA contributions, untaxed IRA distributions (exclude rollovers), untaxed pensions, Workers Compensation, VA disability, military or clergy untaxed housing allowances.				
Child Support Received				
Other untaxed income benefits, such as independent student cash support (Please Specify)				
Total anticipated income				
Cash & Savings				
Other (Please Specify) _____				
Other (Please Specify) _____				

2016-2017 MEDICAL EXPENSES WORKSHEET

Student Name _____ UFID: _____

Name of party responsible for payment of medical bills: _____

Relationship to student: _____

List each medical expense on a separate line and attach proof of payment (e.g. cancelled checks, receipts, credit card statements) in line item order. Include copies of "Explanation of Benefits" statements from insurance company, if applicable.

ITEMIZATION OF MEDICAL EXPENSES

Date of Medical Service Received	Name of Medical Provider (hospital, lab, pharmacy, doctor, etc.)	Description of Medical Services Received (doctor appt., lab work, prescription, etc.)	Total Cost of Services Received	Amount Covered by Insurance	Amount Insurance Will Not Cover	Is Bill Paid? (Y/N)	If Paid, Date Bill Was Paid
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Student Name _____ UFID: _____

Date of Medical Service Received	Name of Medical Provider (hospital, lab, pharmacy, doctor, etc.)	Description of Medical Services Received (doctor appt., lab work, prescription, etc.)	Total Cost of Services Received	Amount Covered by Insurance	Amount Insurance Will Not Cover	Is Bill Paid? (Y/N)	If Paid, Date Bill Was Paid
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