

2017-2018
PARENT CONTRIBUTION REVIEW FORM
Change in Income or Benefits

STUDENT NAME (PRINT CLEARLY) _____ CWID NUMBER _____ EMAIL ADDRESS _____ @mymail.mines.edu

PARENT NAME _____ PARENT PHONE AND EMAIL ADDRESS _____

Deadline: March 1, 2018

Loss of employment or reduction in earnings for at least an eight-week period. Submit:

- If your income change occurred before January 1, 2017 and is anticipated to continue through 2017, complete Table A on page 2 to report your 2016 income. If your income change occurred after January 1, 2017, complete Table B on page 2 to report your projected 2017 income.
- Signed and dated statement about what changed in your financial circumstances. Include your student's name and CWID.
- Submit parent and student 2015 IRS tax return transcript. If either did not file, please complete the appropriate Non-Filer form and submit with necessary 2015 W-2s. Write the student's CWID on all pages.
- Submit Household Member form listing members of your household as of today.
- If this appeal is submitted after *January 31, 2017 for changes in 2016*, include 2016 IRS tax return transcript. If this appeal is submitted after *January 31, 2018 for changes in 2017*, include 2017 IRS tax return transcript.
- Statement from your *current* employer on letterhead listing the beginning date of employment, average monthly earnings, and a *current* paycheck stub. If you are not currently employed, provide a statement to that effect.
- Statement from *previous* employers on letterhead listing last date of employment and average monthly earnings, with the *last* paycheck stub received.
- If applicable, unemployment benefit statement for total benefits received in 2016 or 2017.
- If unemployment benefits have ceased, provide a cancellation statement from the agency stating the last date benefits were received and the total amount received in 2016 or 2017.

Decrease or loss of benefits (i.e., Taxed Social Security, Unemployment Compensation) in 2016. Submit:

- Parent and student 2015 IRS tax return transcript. If either did not file, please complete the appropriate Non-Filer form and submit with 2015 W-2s.
- Household Member form listing members of your household as of today.
- Statement from the benefit provider listing the date of benefit reduction or termination.
- Statement of benefits for 2015 and total received in 2016.

Decrease in child support received OR increase in child support paid to ex-spouse in 2016. Submit:

- Parent and student 2015 IRS tax return transcript. If either did not file, please complete the appropriate Non-Filer form and submit with 2015 W-2s.
- Household Member form listing members of your household as of today.
- Divorce decree and addendum to the decree indicating the change in payments and/or county court pay history reports for 2015 and 2016.

The Financial Aid Office must verify the original 2015 tax information before updating your FAFSA to your 2016 or 2017 information. All documentation must be provided before your review request will be processed. If you have other extenuating circumstances we should consider, please contact our office for additional information.

Table A

Use this table if the change happened in 2016

INCOME	ACTUAL 2015	ACTUAL 2016
Annual Work Income: Parent 1		
Annual Work Income: Parent 2		
Withdrawal from Retirement Accounts		
Child Support Received		
Interest/Dividend Income		
Social Security Income for all Family Members		
Unemployment Compensation		
Disability Income		
Support from family		
Severance		
Other		
TOTAL INCOME		

If the total income for 2016 is more than 2015, you are not eligible for a review.

Table B

Use this table if the change happened in 2017

INCOME	ACTUAL 2015	PROJECTED 2017
Annual Work Income: Parent 1		
Annual Work Income: Parent 2		
Withdrawal from Retirement Accounts		
Child Support Received		
Interest/Dividend Income		
Social Security Income for all Family Members		
Unemployment Compensation		
Disability Income		
Support from family		
Severance		
Other		
TOTAL INCOME		

If the projected income for 2017 is more than 2015, you are not eligible for a review.

I certify that the information provided is true and that false or misleading information will be cause for repayment of financial aid funds received. Due to limited funding, approval of a Contribution Review does not guarantee that additional funds will be awarded.

PARENT SIGNATURE _____

DATE _____

Return this form and required documentation to the Mines Financial Aid Office

finaid@mines.edu

Ben Parker Student Center, Golden, CO 80401

Phone: (303) 273-3301 or 888-446-9489 • Fax (303) 384-2252