## SEATTLE UNIVERSITY

**ENROLLMENT SERVICES** | Office of Student Financial Services 901 12th Avenue | PO Box 222000 | Seattle WA 98122-1090 Tel: 206-220-8020 | Fax 206-296-5755 | financialservices@seattleu.edu

## 2025-26 APPEAL FOR SPECIAL CIRCUMSTANCES (PARENT)

ΜI

Student's Last Name

First Name

Seattle University ID #

Parent's Name

Parent's Daytime Phone #

Parent's Email Address:

Parents experiencing a change in financial circumstances that impacts their ability to finance their student's education may be eligible for a re-calculation of their Student Aid Index (SAI). To be considered for this re-calculation, students and their families must meet the guidelines below, <u>explain the circumstances in a letter</u>, and provide documentation of the change.

The student must have completed the <u>2025-26 FAFSA</u> before this form is submitted. This appeal will not be considered if the IRS Direct Data Exchange (FA-DDX) has not been used to upload the parent and student 2023 tax information into the student's 2025-26 FAFSA.

To update the required 2023 tax return information to the student's <u>2025-26 FAFSA</u>, log in to the student's FAFSA, go to the financial information tab and follow the instructions there to use the IRS Direct Data Exchange (FA-DDX). Once the upload is complete, the parent and student must both use their FSA ID's to sign the FAFSA and then resubmit it for re-processing. When the Student Financial Services Office receives confirmation of the update from the federal FAFSA processor, consideration of this appeal will begin.

**Circumstances that may** <u>not</u> be considered: Expenses such as car payments/lease, consumer/credit card debt, high mortgage payments, matching offers from other colleges or universities, weddings, vacations, inability to liquidate assets, and/or other discretionary costs may not be considered. Although there may be exceptions, adjustments to financial aid eligibility are not typically made to reflect these circumstances.

REASON FOR THIS APPEAL	REQUIRED DOCUMENTATION
Circumstances that may be considered are listed below. P check any of the circumstances below which apply to yo	lease APPEAL from the student's parents explaining the situation.
<ul> <li>Loss of Employment or a Significant Decrease in Income.</li> <li>2023 income is not reflective of current income due to:         <ul> <li>Loss of employment or reduction in wages or hours</li> <li>Injury, disability, natural disaster which has resulted in sig decrease in earnings</li> </ul> </li> </ul>	<ul> <li>The information requested on the next page of this form.</li> <li>A complete copy of your MOST RECENT federal tax return, SIGNED by the taxpayer AND Copies of ALL W-2 WAGE STATEMENTS and 1099's (if applicable).</li> <li>Other appropriate documentation to support the appeal such as:</li> </ul>
<ul> <li>Loss of benefits, such as unemployment, child support, et</li> <li>Significant one-time increase in income was received in 20 that is not reflective of typical annual income (capital gain pensions, etc.)</li> </ul>	A copy of the termination notice from the employer or copy of information from the employer explaining the reduction in wages
<u>Tuition for Other Dependents</u> : Net tuition paid for other dependents of the student's/parent's family. Can include siblings in private K-12 school or siblings in post-secondar education with tuition costs.	school year, or documentation from the school listing your family's
Medical Expenses: Excessive out-of-pocket medical or de expenses incurred in 2023 or 2024.	<ul> <li>If the 2023 or 2024 Federal Income Tax Return was filed with Schedule A, provide a copy of Schedule A.</li> <li>Provide documentation of medical bills paid during tax year 2023 or 2024 if no Schedule A was filed.</li> </ul>
Other Extenuating Circumstances: Other extenuating circumstances that have occurred since the filing of the 2 FAFSA (separation, divorce or death of the student's father/step-father and/or mother/step-mother, for instan	

FOR ALL APPEALS: A PARENT SIGNATURE IS REQUIRED ON THE CERTIFICATION AT THE BOTTOM OF THE NEXT PAGE

Page 2: 2025-26 Appeal for Recalculation of Parent Contribution

Student's Name:				Student's SU ID #:
	Last	First	MI	
		ALL PARENTS MUST SIGN THE CERTIFICAT	ION AT THE BOT	TOM OF THIS PAGE

## ONLY THOSE PARENTS WHO HAD A LOSS OF EMPLOYMENT OR ANTICIPATE A SIGNIFICANT DECREASE IN THEIR INCOME FOR 2025 ARE REQUIRED TO PROVIDE THE FOLLOWING INCOME INFORMATION

If the appeal based on a loss of employment or significant decrease in income for 2025-26 is granted, in order to recalculate this student's parent contribution the <u>2025-26 income information about the PARENT(S)</u> must be provided below and included as part of the written appeal from the student's parent(s). All questions must be answered. Do not leave any item blank; if it does not apply, enter a "o." **DO NOT** include any funds expected from financial aid and/or veteran's educational benefits.

	2025-26 Academic Year	2025 Calendar Year
	July 1, 2025 - June 30, 2026	January 1-December 31, 2025
ESTIMATED 2025 INCOME		
Wages, Salaries, Tips - FAFSA Parent 1	\$	\$
Wages, Salaries, Tips - FAFSA Parent 2	\$	\$
Unemployment Compensation	\$	\$
OTHER TAXABLE 2025 INCOME		
Interest or Dividend Income		\$
Business or Farm income or (loss)	\$	\$
Capitol Gain or (loss)	\$	\$
IRA or Pension Distributions	\$	\$
Rental income, partnership income or royalties	\$	\$
Other:	\$	\$
2025 INCOME EXCLUSIONS		
Education Credits from IRS form 1040 (Schedule 3, Line 3)	\$	\$
2025 UNTAXED INCOME AND BENEFITS		
IRA deductions and payments to self-employed SEP, SIMPLE,		
Keough and other qualified plans	\$	\$
Child support RECEIVED for all children	\$	\$
Tax exempt interest income	\$	\$
Untaxed portions of IRA distributions	\$	\$
Untaxed portions of pensions	\$	\$
Foreign income exempt from federal taxation	\$	\$

**CERTIFICATION:** I affirm that the information provided on this form and attached documentation is accurate and complete to the best of my knowledge. I understand that completing this form does not guarantee that an appeal will be approved and/or that financial aid will be increased. I also understand that any revision based on this appeal information does not guarantee that the same adjustments will be made in future quarters or academic years.

Parent Signature: \_\_\_\_

Date: \_\_\_\_\_

For Student Financial Services Office Use	<u>Only:</u>	
FAC:		Date:
Desired Outcome:		
Reviewed by	Date	
Comments		