2019-2020 Parents' Additional Expense Form
Submit completed form to One Stop Enrollment Center for processing

Documentation submitted by fax or email will not be accepted

The Expected Family Contribution (EFC) was determined from the income and asset information provided on the FAFSA. Since parents may experience additional expenses which could impact their ability to contribute to their child’s education, we may be able to make adjustments to the EFC calculation and a re-evaluation of your student's financial aid could occur if approved. Please select from one of the following options if you have expenses that we may not have included, or are of an extraordinary nature, and submit the requested documentation to be considered for review. Please note that changes resulting from this review do not guarantee an increase in aid. Processing of your request will not begin until all necessary documentation is received.

STATE 1: Attach a typed letter of explanation
• You must provide a detailed, signed letter supporting your request based on the reason(s) selected below.

STATE 2: Submit applicable tax documents
• Tax filers (both student and/or parents) must submit copy of 2017 IRS Tax Transcript, or signed Tax Returns, and all W2s.
• Non-tax-filers (both student and/or parents) must submit copies of proof of income (i.e. 1099, W2, etc.) for 2017.
Note: You may be asked to submit additional tax information upon request by our Financial Aid processor.

STATE 3: Check the reason(s) for the expense adjustment and attach the required documentation for each situation.
• Receipts must be dated within the time of enrollment in the current academic year. This will not be reviewed if the expenses occurred before the first day of the semester in which you are enrolled.

☐ Extended Family Support (for family members outside those listed in your household)
• Provide copies of paid receipts of your expenses for extended family support.
• In your letter, detail the type of support you provide and the dollar amount you will spend during the school year. Also include names of individuals you support along with their relationship to you.

☐ Private School Tuition Expenses (for children in elementary or high school)
• Attach photocopies of paid receipts indicating the amount paid monthly (should include school's contact information). If the receipt does not have contact information, attach a statement on the school's letterhead confirming tuition costs.
• In your letter, detail the names and ages of children that are attending the private school.
Unusual Debts (non-discretionary debts only to be considered, in excess of 12% of the FAFSA income protection allowance)

- Attach photocopies of paid receipts for bills due to unusual debts.
- Unusual debts include expenses from failed businesses, education loans, non-discretionary personal debts, credit card debts due to paying for living expenses while unemployed, and legal fees for divorce or adoption.
- Recreational or discretionary credit card debt will not be considered.

Unusual Medical/Dental/Optical Expenses
(Extraordinary additional medical, optical, or dental expenses, in excess of 11% of the FAFSA income protection allowance)

- Attach photocopies of paid receipts for medical/dental/optical bills (not including co-pays).

Other Expenses

- Attach photocopies of paid receipts for bills.

STEP 4: Certification Statement

Your signature on this document confirms your acknowledgement of the following:

- The information submitted for review is true and correct to the best of your knowledge.
- Providing false information may result in reduced eligibility, repayment of aid, or both.
- Underestimating the projected income could result in reduced eligibility, repayment of aid, or both in this year or next.
- You have read each section, provided the required documentation and understand that more may be required upon request.
- During peak seasons, processing times may be delayed.

Student Signature: ___________________________ Phone or Email: ___________________________ Date: ________________

Father/Stepfather Signature: ___________________________ Phone or Email: ___________________________ Date: ________________

Mother/Stepmother Signature: ___________________________ Phone or Email: ___________________________ Date: ________________