

**AB-Unusually High Dependent Care Costs
PERIOD: 2009-2010**

Student Name: _____

WSU ID#: _____

Email: _____

Phone: _____

If your family has unusually high dependent care expenses you **MAY** qualify for additional financial aid. Only costs incurred due to outsourcing a dependents care will be considered. Forgone wages and or expenses incurred due to a nuclear family member staying home to provide care will not be considered. To see what is considered unusually high dependent care costs refer to our website (finaid.wsu.edu) and click on special circumstances.

You will need to submit the following information.

- 1. Completed form**
- 2. Letter of explanation**
- 3. Proof of out-of-pocket expenses**

NOTE: No changes will be made until all materials have been received. We will send written notice to students indicating any changes to their financial aid eligibility. If you have not updated your tax information to reflect a completed tax return on the FAFSA you must do so before we can continue to process your request.

Please complete the following verification questions:

How much was paid out-of-pocket for dependent care expenses or is expected to be paid? Provide documentation for the one term in which the highest cost was or will be incurred.

a) January 1- December 31, 2008 _____

b) June 1- May 31, 2009-2010 _____

If you have provided academic year expenses please fill out the rest of the required information on the back of this form.

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Return signed completed forms or other documents to your nearest local campus or:
Office of Student Financial Aid, Lighty SVS 380, P.O. Box 641068, Pullman, WA 99164-1068
Phone: 509-335-9711 FAX: 509-335-1385 <http://www.finaid.wsu.edu> e-mail to: finaid@wsu.edu

(ESTIMATED INCOME) JUNE TO MAY 2009-2010

TAXABLE INCOME EXPECTED TO BE EARNED IN 2009-2010

- 1. Wages, salaries, tips - father or stepfather or student \$ _____
- 2. Wages, salaries, tips - mother or stepmother or spouse \$ _____
- 3. Interest/dividend income \$ _____
- 4. Net income from business, rents, royalties, partnerships, estates, trusts, etc. \$ _____
- 5. Other taxable income, such as alimony received, capital gains, pensions, annuities, etc. \$ _____
- 6. Unemployment or State/Industrial Compensation \$ _____

TOTAL TAXABLE INCOME (total lines 1-6) \$ _____

NONTAXABLE INCOME EXPECTED IN 2009-2010

- 7. Nontaxable pensions or retirement benefits \$ _____
- 8. Child support (total received for all family members) \$ _____
- 9. Other nontaxable income (list types below) \$ _____
- _____ \$ _____
- _____ \$ _____

TOTAL NONTAXABLE INCOME (total lines 7-9) \$ _____

ESTIMATED DEDUCTIONS EXPECTED IN 2009-2010

- 10. Child support paid in 2009-2010 \$ _____

NOTICE: THIS FORM WILL BE RETURNED TO THE STUDENT IF IT IS NOT SIGNED BY ALL PARTIES. DO NOT ADJUST THE DATES ON THIS FORM !

I CERTIFY THAT THE ABOVE INFORMATION WAS PROVIDED BASED ON THE BEST INFORMATION AVAILABLE TO ME AT THE TIME OF COMPLETING THIS FORM. I FURTHER UNDERSTAND THAT THE OFFICE OF STUDENT FINANCIAL AID IS UNDER NO OBLIGATION TO APPROVE THIS REQUEST AND THE DECISION CANNOT BE APPEALED TO THE DEPARTMENT OF EDUCATION.

WSU Student Signature

Date

Parent or Student's Spouse Signature

Date

OFFICE USE ONLY			
Adjusted Gross Income _____	Tax Paid _____		
Wages _____	Untaxed Income _____		
Wages _____	Est. Deductions _____		
EDE Changes: EFC Old _____ New _____	BE Set _____		
Prior ProYear: No _____ Yes _____ Year _____	ADDNOTE _____		
Resident: No ___ Yes ___		Date FAFSA Submitted: _____ Class Code: _____	
Adjustment made to Trans # _____		Time: _____	
Staff Member _____		Date _____	

When your Expected Family Contribution (EFC) is calculated, a specified amount of your income is protected for miscellaneous expenses such as child care costs. This amount, known as Income Protection Allowance (IPA) is not used toward the calculation of your EFC. The amount that is protected for miscellaneous expenses varies with a student's dependency status, family size, and the number in college. If the sum of your out-of-pocket child care expenses is above and beyond the IPA figure the government sets for your family we can recalculate your EFC.

See the chart provided below to determine the amount your expenses must exceed in order for the appeal to be considered. Although we may reevaluate your financial aid it is not guaranteed that you will qualify for more assistance. The date you submitted your FAFSA application, the date you submitted your appeal, the amount of your expenses, and your financial need as determined by our office (see Awarding Process on the main financial aid web page on finaid.wsu.edu) all influence what a student is eligible for in terms of financial aid.

AB Unusually High Dependent Care for Parent					
Total Number in House Hold	Number of College Students in House Hold				
	1	2	3	4	5
2	\$1,900.80	\$1,575.60			
3	\$2,367.60	\$2,043.60	\$1,718.40		
4	\$2,924.40	\$2,599.20	\$2,275.20	\$1,950.00	
5	\$3,450.00	\$3,124.80	\$2,800.80	\$2,475.60	\$2,152.80
6	\$4,035.60	\$3,710.40	\$3,386.40	\$3,061.20	\$2,738.40
If your family size exceeds the capacity of this chart please contact the Office of Financial Aid Office and Scholarships.					

AB Unusually High Dependent Care for Student					
Total Number in House Hold	Number of College Students in House Hold				
	1	2	3	4	5
2	\$2,126.40	\$1,762.80			
3	\$2,647.20	\$2,286.00	\$1,922.40		
4	\$3,270.00	\$2,906.40	\$2,545.20	\$2,180.40	
5	\$3,858.00	\$3,494.40	\$3,132.00	\$2,768.40	\$2,407.20
6	\$4,512.00	\$4,148.40	\$3,788.40	\$3,422.40	\$3,062.40
If your family size exceeds the capacity of this chart please contact the Office of Financial Aid Office and Scholarships.					