

AY-Parent Medical/Dental Expenses
PERIOD: 2009-2010

Student Name: _____

WSU ID#: _____

Email: _____

Phone: _____

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. If additional documentation is required we will contact you via e-mail. In the event that your appeal qualifies you for additional aid, you will see the changes reflected on your MyWSU account. If your appeal is not approved, we will send you an e-mail notice explaining why it was not approved. For further details about the special circumstance appeals, please see the financial aid webpage (finaid.wsu.edu) and click on *special circumstances*.

We can consider medical and dental expenses your family has paid in either 2008, 2009, or during this academic year, which runs from June 1, 2009 - May 31, 2010. To have the biggest impact on your financial aid award you will want to provide documentation for the time frame when your out-of-pocket medical expenses were/are the highest. If you have multiple appeals they must reflect the same time frame. In addition to these out-of-pocket medical/dental costs, we can also consider what you pay for medical and dental insurance. Nursing home expenses may also be considered.

You will need to submit the following information:

- 1) Completed form.
- 2) Letter of explanation.
- 3) IRS form 1040-Schedule A or an itemized list of all expenses. If providing an itemized list, please provide proof of payment or documentation of your payment schedule. Your itemized list of expenses must include the date of service, the provider name, your cost not covered by insurance, the date you paid for the service, or time frame on monthly payments, and the dollar amount of your monthly payments. Please provide proof of payment in the same order as your itemized list. **Undocumented expenses will not be considered.**

A working spreadsheet for your itemized list can be found on the financial aid webpage at www.finaid.wsu.edu and going to the *medical/dental* section under Special Circumstances.

a. When will your documentable medical/dental expenses be highest? (Circle one)

2008 2009 6/1/09 - 5/31/10

b. How much did you/will you pay for medical insurance during the same time frame? Do not include employers contribution.

Note: No changes will be made until all materials have been received. We will send an e-mail notice to students indicating any changes to their financial aid eligibility.

If your parent's have provided academic year expenses please fill out the rest of the required information listed on the back of this form.

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

PARENT (ESTIMATED INCOME) JUNE TO MAY 2009-2010

JUN 1- MAY 31
2009-2010

TAXABLE INCOME EXPECTED TO BE EARNED IN 2009-2010

- | | |
|--|-----------------|
| 1. Wages, salaries, tips - father | \$ _____ |
| 2. Wages, salaries, tips - mother | \$ _____ |
| 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 | \$ _____ |

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 | \$ _____ |

ESTIMATED DEDUCTIONS

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

NOTICE: THIS FORM WILL BE RETURNED TO THE STUDENT IF IT IS NOT SIGNED BY BOTH THE STUDENT AND THE PARENT. 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.

Student Signature

Date

Parent 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 medical expenses. This amount, known as Income Protection Allowance (IPA) is not used toward the calculation of your EFC. The amount that is protected for medical and dental expenses varies with a student's dependency status, family size, and the number in college. If the sum of your out-of-pocket medical and dental expenses is above and beyond the IPA figure the government sets for your family, our office 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.

AY Medical/Dental Expenses for Parent					
Total Number in House Hold	Number of College Students in House Hold				
	1	2	3	4	5
2	\$1,742.40	\$1,444.30			
3	\$2,170.30	\$1,873.30	\$1,575.20		
4	\$2,680.70	\$2,382.60	\$2,085.60	\$1,787.50	
5	\$3,162.50	\$2,864.40	\$2,567.40	\$2,269.30	\$1,973.40
6	\$3,699.30	\$3,401.20	\$3,104.20	\$2,806.10	\$2,510.20
If your family size exceeds the capacity of this chart please contact the Office of Financial Aid and Scholarships.					