STUDENT CONTRIBUTION REVIEW FORM

STUDENT NAME (PRINT CLEARLY)          CWID NUMBER          EMAIL ADDRESS

SPouse NAME                             TELEPHONE NUMBER

MAILING ADDRESS                        CITY            STATE            ZIP CODE

The purpose of the contribution review is to allow students to document unusual circumstances not reflected on the FAFSA. Approval may lower the student’s contribution which may allow for additional need based aid.

This review will be accepted for processing March 1, 2016 - February 28, 2017
The deadline for this appeal is February 28, 2017

All reviews require the student’s (and, if applicable, spouse’s) 2015 IRS tax return transcript or completion of the IRS Data Retrieval (pg. 5). Copies of the actual tax return, W-2’s or tax schedules may be requested during the review.

☐ Check here if you did not AND were not required to file a 2015 Federal Income Tax Return.
Please complete Table B, Page 3 of this form, attach 2015 W-2’s and complete the non-filer form (pg. 6)

CONTRIBUTION REVIEW CATEGORIES

Decrease in income or benefits in 2016 (January 1 - December 31) due to the following circumstances
OR Expenses paid which were not and will not be reimbursed in 2016

Your contribution, determined by the FAFSA application, must be greater than zero to be considered for this appeal.

☐ Death of a spouse after you have applied for federal financial aid (which included spouse information)
  • Copy of spouse death certificate

☐ Divorce/legal separation after you have applied for federal financial aid (which included spouse information)
  • Copy of divorce decree or legal separation documentation

☐ Decrease or loss of benefits (i.e., Taxed Social Security, Unemployment Compensation) in 2016
  (January 1 – December 31)
  • 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 (January 1–December 31)
  • Divorce decree and addendum to the decree indicating the change in payments and/or county court pay history reports
    for 2015 and 2016
Natural disaster expenses paid (and not covered by insurance and/or other agency) for expenses from January 1-December 31, 2016. Please Submit ALL of the following:

- Complete Table A below
- Explanation of the natural disaster (i.e. flood, earthquake, etc.)
- Copy of insurance appraisal
- Proof of expenses paid for repairs in 2016 and not reimbursed by insurance and/or other agency
- Police report (if filed)

Medical/Dental expenses paid (not covered by insurance) from January 1-December 31, 2016. Total paid must exceed $3,000.00

- Complete Table A below
- DO NOT include insurance premiums or unpaid bills
- Attach “paid” receipts documenting the medical/dental expenses that you paid in 2016, and were not covered by insurance

**TABLE A - ITEMIZED EXPENSES PAID**

Include expenses that were not and will not be reimbursed by insurance using the table below. If you are on a monthly payment plan, show proof of at least two consecutive payments and a letter from the medical facility to project 2016 amount to be paid. **RECEIPTS THAT ARE UNCLEAR WILL NOT BE CONSIDERED.**

<table>
<thead>
<tr>
<th>NAME OF PROVIDER</th>
<th>LIST CATEGORY</th>
<th>TOTAL EXPENSES</th>
<th>AMOUNT TO BE COVERED BY INSURANCE</th>
<th>AMOUNT “NOT REIMBURSED” BY INSURANCE AND PAID BY YOU IN 2016</th>
<th>ATTACH “PAID” RECEIPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional sheets, if necessary

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

Please Submit ALL of the following:

- Complete Table B below
- Student’s (and, if applicable, spouse’s) 2015 IRS tax return transcript. If this appeal is submitted after January 31, 2017, include a 2016 IRS tax transcript
- Statement from your current employer on letterhead listing the beginning date of employment, average monthly earnings, a current paycheck stub, and projection of 2016 earnings in Table B. 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 2015 and/or 2016
- 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 2015. Project the amount of benefits to be received in 2016 in Table B below

Other circumstances not listed on this form. Please explain and submit documentation.

YOU MAY BE REQUIRED TO SUBMIT A COPY OF YOUR 2016 FEDERAL TAX RETURN IN JAN. 2017

**TABLE B - INCOME**


<table>
<thead>
<tr>
<th>INCOME</th>
<th>ACTUAL 2015</th>
<th>PROJECTED 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Work Income: Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Work Income: Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draws from Self-employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal from Retirement Accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest/Dividend Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Income for all Family Members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Aid (Spouse)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support from family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide a description of your circumstances and a signature on the following page.
Description of your circumstances:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Verification of 2015 IRS Income Tax Return Information for Student Tax Filers

The Free Application for Federal Student Aid (FAFSA) you submitted was selected for verification therefore CSM must confirm parent your IRS income tax return information. If you indicated on the FAFSA that you filed or will file a 2015 IRS income tax return please complete the IRS Data Retrieval Tool (IRS DRT) process. The IRS DRT is the best way to verify income and is part of FAFSA on the Web at FAFSA.gov. In most cases, no further documentation is needed to verify 2015 IRS income tax return information that was transferred into the student’s FAFSA using the IRS DRT if that information was not changed. If you did not file please complete the Non-Filer Form available on your requirements page through Trailhead or at http://inside.mines.edu/Verification-Forms

In most cases, for electronic filers, 2015 IRS income tax return information for the IRS DRT is available within 2–3 weeks after the 2015 electronic IRS income tax return has been accepted by the IRS. Generally, for filers of 2015 paper IRS income tax returns, the 2015 IRS income tax return information is available for the IRS DRT within 8–11 weeks after the 2015 paper IRS income tax return has been received by the IRS. When you attempt the IRS DRT and you find that you are ineligible to complete this process please contact the Financial Aid Office at finaid@mines.edu or 303-273-3301.

IRS Data Retrieval Tool step by step instructions –

- Log onto the FAFSA at fafsa.gov and select “Make Corrections”.
- Click the “Financial Information” tab.
- The Tax Status field must indicate “Already Completed” to continue the process.
- Answer questions that determine your eligibility to use the tool. If you are deemed ineligible please contact our office for further instructions.
- Enter PIN and click “Link to IRS”. Click “OK” to leave the FAFSA site.
- Click “OK” to acknowledge authorization.
- Complete the Tax Information form. It is important to enter the data as it appears on your tax return. Click the submit button.
- Review your tax information and check the box “Transfer My Tax Information into the FAFSA” and Click “Transfer Now”. **Do not change the tax return information.** If you wish to discuss information on your tax return, such as an IRA rollover, please contact us once you have completed the IRS DRT process.
- You must “Sign and Submit” the updated FAFSA to complete the process.
Verification of 2015 Income Information for Student Nontax Filers

Student: ____________________________________   Campus Wide I.D.#:__________________

The instructions and certifications below apply to the student and spouse, if the student is married. Complete this section if the student and spouse will not file and are not required to file a 2015 income tax return with the IRS.

Check the box that applies:

☐ The student (and spouse if married) was not employed and had no income earned from work in 2015.

☐ The student (and/or spouse if married) was employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. It is required to provide copies of all 2015 IRS W-2 forms issued to the student and spouse by their employers. List every employer even if the employer did not issue an IRS W-2 form. Please submit the form once all W-2s have been collected and the form has been completed.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>2015 Amount Earned</th>
<th>IRS W-2 Provided?</th>
<th>If not, please explain.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al’s Auto Body Shop (example)</td>
<td>$2,000.00</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I(we) certify that all the information reported on this worksheet is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student____________________________________   Date___________

Spouse (if married)____________________________  Date___________
Number of Household Members and Number in College

Student: ___________________________________________ Campus Wide I.D.#: ____________________________

Dependent Students: Students who were required to report parental data on their FAFSA
Those individuals you will be listing below:
- You, the student.
- Your parents (including a stepparent) even if you do not live with your parents.
- Your parents’ other children if your parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if the children do not live with your parents.
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Independent Students: Students who were not required to report parental data on their FAFSA
Those individuals you will be listing below:
- You, the student.
- Your spouse, if you are married.
- You and your spouse’s children if you will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Instructions:
Step One: Write the names of all household members in the space(s) below, including yourself. Be sure to reference the above information so all members of the household who qualify are listed. Indicate their age and relationship to you. You, the student will be listed on the first line.
Step Two: Write in the name of the college for any household member, excluding your parent(s) if dependent, who will be enrolled at least half-time in a degree, diploma, or certificate program anytime between July 1, 2016 and June 30, 2017.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Full Name of household members</th>
<th>Age</th>
<th>Relationship</th>
<th>Name of the College where household members will be attending</th>
<th>Enrolled at Least Half Time? (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self CSM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

By signing below, I certify that all the information reported on this worksheet is complete and correct. At least one parent must sign (for dependent students). WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student_________________________________________ Date___________ Parent_________________________________________ Date___________