

REVIEW OF ABILITY TO CONTRIBUTE - DEPENDENT

Student's Name (Please print) _____

It has come to our attention that your family may have experienced unusual financial circumstances, which are not reflected on your application for financial assistance. This information may negatively affect your family's ability to contribute to your educational costs, and therefore, should be considered when awarding financial aid. Please complete the indicated area(s) below with relevant information. Attach additional documentation if needed.

- Unusual medical/dental expenses your parents have/will incur that **ARE NOT COVERED** by insurance (out-of-pocket). **Include payments made by your parents only for the calendar year indicated. Do not include amounts paid through insurance or charges your parents have not yet paid.** Please complete the following information and send Schedule A of your parents' 2008 tax return, if applicable.

Family member affected and the date the condition occurred: _____

How much of the total incurred expense did your parents pay, out-of-pocket, in 2008: _____

How much did your parents pay, out-of-pocket, for insurance premiums in 2008 (don't include amounts taken from paycheck that reduced taxable income): _____

How much of the total incurred expense do your parents expect to pay, out-of-pocket, in 2009: _____

How much will your parents pay, out-of-pocket, for insurance premiums in 2009: _____

- Parents' 2008 income was higher than normal. (2008's adjusted gross income included unusual overtime or bonus pay which will not be received in 2009, parent had a part-time job, in addition to other employment in 2008, and that income is not available in 2009, parent has accepted employment at a lower pay rate, etc.). Explain the situation below and then respond to any other requests for information, as indicated.

- Expected 2009 parent adjusted gross income: _____
(Not to be confused with only income earned from work)
- Expected 2009 U.S. income tax liability: _____
- Father's expected 2009 income earned from work: _____
- Mother's expected 2009 income earned from work: _____
- Expected 2009 untaxed income: _____
(Child support, ADC, untaxed contributions to IRA, housing benefits, combat pay not included in the adjusted gross income, 401(K) or 403(b) pension fund, untaxed social security benefits, untaxed unemployment benefits, untaxed withdrawals from retirement funds, etc.)

Please keep in mind that the 2009-2010 Free Application for Federal Student Aid asks for 2008 income, as that is the last year for which tax information is available. If you request that BVU use the projected 2009 figures above, you will be responsible for your estimates. You may be asked to submit a parent 2009 federal tax return, when completed. If your estimates differ substantially from actual figures you may be asked to repay some forms of aid.

- Please send copies of your parent's 2005, 2006, 2007, 2008 federal tax returns.
- Other: (If you are providing information in this area, we may have to request further information.)

I CERTIFY THAT THE INFORMATION I HAVE SUBMITTED ON THIS FORM HAS BEEN CALCULATED TO THE BEST OF MY ABILITY. I ALSO AGREE TO NOTIFY THE OFFICE OF FINANCIAL ASSISTANCE AT BUENA VISTA UNIVERSITY IF MY FIGURES ABOVE SHOULD CHANGE ANY TIME DURING THE ACADEMIC YEAR. I UNDERSTAND THAT AID MAY CHANGE RETROACTIVELY.

Parent Signature

Date

Please return to:
Buena Vista University
Office of Financial Assistance
610 West 4th Street
Storm Lake, Iowa 50588