

REVIEW OF ABILITY TO CONTRIBUTE - INDEPENDENT

Student's Name (Please Print) \_\_\_\_\_

It has come to our attention that you may have experienced unusual financial circumstances, which are not reflected on your application for financial assistance. This information may negatively affect your 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 you have/will incur that ARE NOT COVERED by insurance (out-of-pocket). Include payments made only for the calendar year indicated. Do not include amounts paid through insurance or charges you have not yet paid. Please provide the following information and send Schedule A of your 2008 tax return, if applicable.

Family member affected and the date the condition occurred: \_\_\_\_\_

How much of the total incurred expense did you pay, out-of-pocket, in 2008: \_\_\_\_\_

How much did you 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 you expect to pay, out-of-pocket, in 2009: \_\_\_\_\_

How much will you pay, out-of-pocket, for insurance premiums in 2009: \_\_\_\_\_

- Your 2008 income was higher than normal. (2008's adjusted gross income included unusual overtime or bonus pay which will not be received in 2009, you had a part-time job, in addition to other employment in 2008, and that income is not available in 2009, you have 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 adjusted gross income: \_\_\_\_\_  
(Not to be confused with only income earned from work)  
Expected 2009 U.S. income tax liability: \_\_\_\_\_  
Your expected 2009 income earned from work: \_\_\_\_\_  
Spouse's expected 2009 income earned from work (if applicable): \_\_\_\_\_  
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 2008 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 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.**

Student Signature

Date

If you attend our main campus, please return to: Buena Vista University  
Office of Financial Assistance  
610 West 4<sup>th</sup> Street  
Storm Lake, IA 50588