

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 2009 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 2009: _____

How much did you pay, out-of-pocket, for insurance premiums in 2009 (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 2010: _____

How much will you pay, out-of-pocket, for insurance premiums in 2010: _____

- Your 2009 income was higher than normal. (2009's adjusted gross income included unusual overtime or bonus pay which will not be received in 2010, you had a part-time job, in addition to other employment in 2009, and that income is not available in 2010, 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 2010 adjusted gross income: _____
(Not to be confused with only income earned from work)
- Expected 2010 U.S. income tax liability: _____
- Your expected 2010 income earned from work: _____
- Spouse's expected 2010 income earned from work (if applicable): _____
- Expected 2010 untaxed income: _____
(Child support, untaxed contributions to IRA, housing benefits, 401(K) or 403(b) pension fund, untaxed unemployment benefits, untaxed withdrawals from retirement funds, etc.)

Please keep in mind that the 2010-2011 Free Application for Federal Student Aid asks for 2009 income, as that is the last year for which tax information is available. If you request that BVU use the projected 2010 figures above, you will be responsible for your estimates. You may be asked to submit a 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 2006, 2007, 2008, 2009 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 4th Street
Storm Lake, IA 50588