# COLORADO SCHOOL OF MINES 2016-2017

### STUDENT CONTRIBUTION REVIEW FORM

for 2015 and 2016

### FINANCIAL AID OFFICE

| ST          | UDENT NAME (PRINT CLEARLY)  | CWID NUMBER                                | EMAIL AD                 | DRESS                            |  |
|-------------|---|--|--------------------------|----------------------------------|--|
| SPOUSE NAME |   | TE   | TELEPHONE NUMBER         |                                  |  |
| MA          | AILING ADDRESS  | CITY                                       | STATE                    | ZIP CODE                         |  |
|             | e purpose of the contribution review is FSA. Approval may lower the student's                   |  |                          |                                  |  |
|             | This review will be acce<br>The dead  | pted for processin<br>line for this appea  | _                        | •                                |  |
|             | All reviews require the student's (and, if ap<br>Retrieval (pg. 5). Copies of the actu          |  |                          |                                  |  |
|             | ☐ Check here if you did not Please complete Table B, Page 3                                     | -  |                          |                                  |  |
|             | CONTRIE   | BUTION REVIEW                              | / CATEGORIES             |                                  |  |
|             | Decrease in income or benefits in a OR Expenses paid  | 2016 (January 1 - De<br>Which were not and | -                        |                                  |  |
|             | our contribution, determined by the F<br>peal.  | AFSA application, I                        | nust be greater tha      | n zero to be considered for this |  |
|             | Death of a spouse after you have a  | applied for federal fi                     | nancial aid (which i     | ncluded spouse information)      |  |
|             | Copy of spouse death certificate  |  |                          |                                  |  |
|             | Divorce/legal separation after you information)   | have applied for fed                       | eral financial aid (w    | hich included spouse             |  |
|             | Copy of divorce decree or legal sep   | paration documentation                     |                          |                                  |  |
|             | Decrease or loss of benefits (i.e., T (January 1 – December 31)                                 | axed Social Securit                        | , Unemployment C         | ompensation) in 2016             |  |
|             | <ul><li>Statement from the benefit provide</li><li>Statement of benefits for 2015 and</li></ul> |  | fit reduction or termina | tion                             |  |
|             | Decrease in child support received December 31)   | OR increase in chil                        | d support paid to e      | x-spouse in 2016 (January 1–     |  |

Divorce decree and addendum to the decree indicating the change in payments and/or county court pay history reports

| 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.** 

# NATURAL DISASTER / MEDICAL / DENTAL EXPENSE TABLE ITEMIZED EXPENSES PAID

(AND NOT REIMBURSED BY INSURANCE)

| Name of Provider                       | LIST CATEGORY M=MEDICAL D=DENTAL P=PRESCRIPTION N=NATURAL DISASTER | TOTAL EXPENSES | AMOUNT TO BE<br>COVERED BY<br>INSURANCE | AMOUNT "NOT REIMBURSED" BY INSURANCE AND PAID BY YOU IN 2016 ATTACH "PAID" RECEIPTS |
|--|--|----------------|---|---|
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|  |  |                |   |   |
| Attach additional sheets, if necessary | ,  |                | TOTAL:                                  |   |

| J | ■ Loss of employment or reduction in earnings for at least an eight-week period  |     |
|---|--|-----|
|   | Please Submit ALL of the following:  |     |
|   | Complete Table B below   |     |
|   | <ul> <li>Student's (and, if applicable, spouse's) 2015 IRS tax return transcript. If this appeal is submitted after January 3 2017, include a 2016 IRS tax transcript</li> </ul>   | 31, |
|   | <ul> <li>Statement from your current employer on letterhead listing the beginning date of employment, average monthly<br/>earnings, a current paycheck stub, and projection of 2016 earnings in Table B. If you are not currently employed<br/>provide a statement to that effect</li> </ul> |     |
|   | <ul> <li>Statement from previous employers on letterhead listing last date of employment and average monthly earnings,<br/>with the last paycheck stub received</li> </ul>   | ۶,  |

- 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** 

Please list 2015 actual income. List 2016 projected income for January 2016 – December 2016. Include spouse's income, if married.

| ACTUAL 2015 | Projected 2016 |
|-------------|----------------|
|             |                |
|             |                |
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|             |                |
|             | ACTUAL 2015    |

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

| De       | Description of your circumstances:  |  |  |  |  |  |  |
|----------|---|--|--|--|--|--|--|
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|          |   |  | <u></u>  |  |  |  |  |
|          | REVIEW CHECKI   |  |  |  |  |  |  |
|          | Did you include all of these  |  |  |  |  |  |  |
| <u> </u> | 2015 IRS tax return transcript (see page 5 for instructions)  |  | Completion of Tables A & B, if applicable          |  |  |  |  |
|          | 2016 federal tax return transcript, if submitted after January 31, 2017   |  | Paid receipts of reported expenses, if applicable. |  |  |  |  |
|          | Other required documentation or letters   |  |  |  |  |  |  |
| fina     | ertify that the information provided is true and that false or mislead<br>ancial aid funds received. Due to limited funding, approval of a Co<br>ads will be awarded. |  |  |  |  |  |  |
| STI      | JDENT SIGNATURE   |  | DATE   |  |  |  |  |



Financial Aid Office 1200 16th Street Golden CO 80401 303-273-3301 303-384-2252 fax finaid@mines.edu

#### 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 <u>filed or will file</u> 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 <u>FAFSA.gov</u>. 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 <a href="http://inside.mines.edu/Verification-Forms">http://inside.mines.edu/Verification-Forms</a>

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.



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#### **Verification of 2015 Income Information for Student Nontax Filers**

Campus Wide I.D.#:

Student:

|        |  | •                     | <del> </del>   |               |  |  |  |
|--------|--|-----------------------|--|---------------|--|--|--|
|        | structions and certifications below app<br>at and spouse will not file and <u>are not</u>  |                       | spouse, if the student is married. Complete this se income tax return with the IRS.                        | ection if the |  |  |  |
| Check  | the box that applies:  |                       |  |               |  |  |  |
|        | The student (and spouse if marr  | ried) was not employ  | ved and had no income earned from work in 2  | :015.         |  |  |  |
|        | 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. |                       |  |               |  |  |  |
|        | Employer's Name  | 2015 Amount<br>Earned | IRS W-2 Provided? If not, please explain.  |               |  |  |  |
| A      | Al's Auto Body Shop (example)  | \$2,000.00            | Yes  | -             |  |  |  |
|        |  |                       |  | _             |  |  |  |
|        |  |                       | this worksheet is complete and correct. <b>WARNING</b><br>heet, you may be fined, be sentenced to jail, or |               |  |  |  |
| Studer | nt   |                       | Date   |               |  |  |  |
| Spous  | e (if married)   |                       | Date   |               |  |  |  |



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#### Number of Household Members and Number in College

\_\_\_\_\_ Campus Wide I.D.#:\_\_\_\_

Student: \_\_\_\_

worksheet, you may be fined, be sentenced to jail, or both.

| Dependent Students: Students v   |                                 | e required to re   | port parental data on their FAFS   | SA  |          |  |  |  |  |
|--|---------------------------------|--|--|---|----------|--|--|--|--|
| Those individuals you will be listing  | below:                          |  |  |   |          |  |  |  |  |
| <ul><li>You, the student.</li><li>Your parents (including a step)</li></ul>  |                                 | an !fa da m.   | at live with very papents  |   |          |  |  |  |  |
| roal paronto (molading a otop)   |                                 |  |  | m luly 1 2016 through   |          |  |  |  |  |
|  |                                 |  | more than half of their support from   |   | for      |  |  |  |  |
|  |                                 |  | to provide parental information if   |   | lor      |  |  |  |  |
|  |                                 |  | tandards even if the children do n   |   | 4.       |  |  |  |  |
| 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   |                                 | ere not required   | to report parental data on their   | FAFSA   |          |  |  |  |  |
| Those individuals you will be listing  | below:                          |  |  |   |          |  |  |  |  |
| You, the student.  |                                 |  |  |   |          |  |  |  |  |
| <ul> <li>Your spouse, if you are married</li> </ul>  |                                 |  |  | 4 0040 #  | _        |  |  |  |  |
|  |                                 |  | than half of their support from Jul  | y 1, 2016, through June 30, 201   | 7,       |  |  |  |  |
| even if the children do not live   |                                 |  |  |   |          |  |  |  |  |
|  |                                 |  | nore than half of their support and  | will continue to provide more th  | ıan      |  |  |  |  |
| half of their support through Ju   | ne 30, 2                        | 017.   |  |   |          |  |  |  |  |
| Instructions: Step One: Write the names of all h information so all members of the libe listed on the first line. Step Two: write in the name of the enrolled at least half-time in a degr   | nouseho<br>college<br>ee, diplo | ld who qualify are<br>for any householo<br>oma, or certificate | e listed. Indicate their age and reled member, excluding your parer program anytime between July 1 | ationship to you. You, the student(s) if dependent, who will be , 2016 and June 30, 2017. |          |  |  |  |  |
| Full Name of household   | Age                             | Relationship   | Name of the College where  | Enrolled at Least Half  |          |  |  |  |  |
| members  | / igc                           | rtolationship  | household members will be  | Time?   |          |  |  |  |  |
| membere  |                                 |  | attending  | (Yes or No)   |          |  |  |  |  |
|  | 1                               | Self   | CSM  | (100 01 140)  |          |  |  |  |  |
|  |                                 | OCII   | COIVI  |   |          |  |  |  |  |
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|  |                                 |  |  |   |          |  |  |  |  |
| Note: We may require additional deau   | montation                       | if we have recon   | to boliove that the information regar  | ding the household members are  | من اممال |  |  |  |  |
| Note: We may require additional docu eligible postsecondary educational ins  |                                 |  | i to believe that the information regar  | aing the nousehold members enic   | ilea in  |  |  |  |  |
| By signing below, I certify that all th  | a inform                        | nation reported or   | n this worksheet is complete and   | correct At least one  |          |  |  |  |  |
| parent must sign (for dependent st   |                                 |  |  |   |          |  |  |  |  |
| parent must sign (for dependent st   | uu <del>c</del> iilo).          | WAINING. II Y  | ou purposery give raise or illist  | caumy imprimation on tills  |          |  |  |  |  |