



EMORY UNIVERSITY

Loss of income appeal (Including COVID-19)

Emory University
Office of Financial Aid

Phone: 404.727-6039
Fax: 404.727-6709

Student's Name:	Emory ID (EMPL):
Email Note: Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.	Last 4 Digits of Student SSN (if ID Number Unknown): xxx - xx - _____

INSTRUCTIONS: The appeal process exists for a family to outline considerable changes to their annual income that were not evident in their original application. Emory University understands that changes such as loss of income, unemployment, reduction in bonus pay or losses brought on by the COVID-19 pandemic have negatively impacted families' ability to contribute. To gather a better understanding of the family's financial situation, please complete and return this form and be sure complete all three sections. **Do not leave any line blank. Enter zeroes where appropriate.**

We assume that every person must have some form of income and/or support to cover basic living expenses. If zero income and expense is reported with no explanation of how you are meeting basic living expenses, your appeal will not be considered. Please be sure to include your personal letter detailing your current and projected income expectations.

Documents requested by the Office of Financial Aid may be submitted via email or fax. **In an effort to safeguard your personal information, the Office prefers that forms be submitted via fax.** Our fax number is 404-727-6709. Should you chose another option, we suggest emailing the completed form and supporting documentation to [your financial aid advisor](#).

Certification Statement

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. Both parent and student agree to notify the Office of Financial Aid if the circumstance described below changes, if employment is obtained, or other sources of income are found. I understand that the decision of the appeals committee will be emailed to the email address marked as preferred in OPUS.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

A: MONTHLY LIVING EXPENSES Please list monthly living expenses for each item listed below. Attach a separate written statement detailing other expenses that are not requested, but you wish us to know about.

LIVING	UTILITIES
Rent \$ _____	Telephone \$ _____ Gas \$ _____
Mortgage \$ _____	Cell Phone \$ _____ Cable \$ _____
Food \$ _____	Electric \$ _____ Internet \$ _____
Living Total: \$ _____	Utilities Total: \$ _____
MISCELLANEOUS	TRANSPORTATION
Personal Expenses (i.e. clothing, etc.) \$ _____	Number of Vehicles _____
Child Care \$ _____	Car Payment \$ _____ Insurance \$ _____
Insurance (i.e. health, life, etc.) \$ _____	Fuel \$ _____ Repairs \$ _____
Other \$ _____ (Explain)	Public Transportation \$ _____
Miscellaneous Total: \$ _____	Transportation Total: \$ _____
TOTAL MONTHLY EXPENSES (add all the expenses)	
Living \$ _____	Utilities \$ _____
Misc \$ _____	Transport \$ _____
Monthly Expenses Total: \$ _____	

B: 2020 EARNED AND PROJECTED YEAR INCOME: Please list income and responses for each item below.

Income		Enter amounts below	Documentation Required
	Father/Stepfather Wages and Salary		
	- Gross income from 1/1/2020 to today	\$	⇒ Final pay stub
	- Projected income for remainder of 2020	\$	⇒ Explanation about future work options, furlough days, reduced hours etc. ⇒ Letter from company
	- Severance	\$	⇒ Letter from company
	- Unemployment Compensation	\$	⇒ Documentation from agency or anticipated payment
	-Federal/State stimulus payment	\$	⇒ Include in explanation
	Mother/Stepmother Wage and Salary		
	- Gross income from 1/1/2020 to today	\$	⇒ Final pay stub
	- Projected income for remainder of 2020	\$	⇒ Explanation about future work options, furlough days, reduced hours etc. ⇒ Letter from company
	- Severance	\$	⇒ Letter from company
	- Unemployment Compensation	\$	⇒ Documentation from agency or anticipated
	-Federal/State stimulus payment	\$	⇒ Include in explanation
	Other sources of income		
	Child Support Received	\$	
	Social Security Benefits	\$	⇒ Documentation from agency
	Disability Benefits	\$	⇒ Documentation from agency
	Worker's Compensation	\$	⇒ Documentation from agency
Additional Resources	Please indicate the amount of savings you plan to use to cover expenses .	\$	⇒ Include in your explanation letter
	If you received assistance from relatives or friends (know as in kind support), please indicate the amount they will provide annually.	\$	⇒ Include in your explanation letter
Total Projected Family Income (add all of the resources)			\$

C: ADDITIONAL INFORMATION (REQUIRED) Please include the required supporting documentation along with a letter outlining your family's current situation and future outlook. Our Appeal Committee will review and respond in a timely manner, understanding that first year students have a May 1 deposit deadline.