



2019-2020 Parent Loan Approval Appeal Request

Federal regulations allow financial aid administrators to make professional judgment decisions for parents who are approved for, but are unable to borrow a PLUS Loan if special or unusual circumstances can be documented. If this appeal is approved, the student may be eligible to borrow additional unsubsidized loan funds.

Examples of special circumstances may include:

- the parent is receiving only public assistance or disability benefits;
- the parent is likely unable to repay due to an existing debt burden (generally a debt-to-income ratio that is 36 or higher); or
- the parent's income is below the published poverty guidelines (see below).

2018 Poverty Guidelines (Excluding Alaska and Hawaii Residents)	
Persons in the Family/Household	Poverty Guidelines
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380
For families/households with more than 8 persons, add \$4,380 for each additional person	

The following documentation must be received and verified before your appeal request may be considered:

- A complete Parent Loan Approval Appeal Request Form;
- A complete Verification Worksheet (Financial Aid Form 1);
- A copy of parent(s) 2017 Federal Tax Return Transcripts if not previously submitted (www.irs.gov) **or** a Statement of Non-Filing Status if parent(s) did not file a 2017 tax return (Financial Aid Forms 1a and 1c); and
- A copy of student's 2017 Federal Tax Return Transcripts if not previously submitted (www.irs.gov) **or** a Statement of Non-Filing Status if student did not file a 2017 tax return (Financial Aid Forms 1a and 1c).

Financial aid forms may be found online at www.missouriwestern.edu/FinAid/ (select Financial Aid Forms).

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 Student's Name (Please Print) G _____
 Student ID Number

 Name of Parent Approved for the PLUS Loan (Please Print)

Monthly Income and Debt Repayment

Please list all sources of household income NOT reported on the FAFSA as well as payments made on a monthly basis to satisfy existing debt obligations.

Income Source	Monthly Amount Received	Debt Repayment	Monthly Payment Amount
Social Security Benefits		Mortgage Payment	
Disability Benefits		Vehicle Loan Payment	
Welfare Benefits		Minimum Credit Card(s) Payment	
Public Housing		Student Loan Payment	
Food Stamps		Personal Loan Payment	
Other _____		Medical Debt Payment	
Other _____		Other _____	

Best person to contact if there are questions or additional information is needed:

Name _____ Phone _____

I certify that the information included in this appeal is a true and accurate reflection of our monthly income and debt obligation.

 Parent Signature

 Date

For Office Use Only:

Appeal Status: Approved Denied FA Signature: _____

Reason for Determination: