FINANCIAL AID OFFICE 2002-2003 REQUEST FOR REVIEW OF INCOME DATA Independent Student

Federal regulation requires all applicants to report 2001 income figures on their 2002-2003 Free Application for Federal Student Aid (FAFSA). However, if a student can show a change in their financial situation due to special circumstances, they may request a review of their file.

Special Circumstances

We are able to review and possibly change information you gave on your financial aid application under special circumstances. Examples of special circumstances are: a reduction of income because the student (or spouse) has been laid-off or terminated, separation, divorce or other special circumstances.

All requests will be reviewed by the Financial Aid Committee, not all requests are granted.

Required Documentation

In order for the Financial Aid Office to review your request, we need documentation of your special circumstances. You must complete ALL of the attached forms. **Do not leave any question blank.**

- "Personal Statement of Explanation"
- "Student's Statement of Information"
- "Projected Year Income Statement"
- "Student's Statement of Basic Living Expenses"

You must also provide (if applicable):

- Unemployment Award Letter and the most recent Unemployment check stub
- Proof of separation or divorce
- Any other documentation that supports your request

IF YOU DON'T PROVIDE PROOF, YOUR REQUEST MAY BE DELAYED OR DENIED!

SUBMIT ALL FORMS AND DOCUMENTS TO THE FINANCIAL AID OFFICE

FINANCIAL AID OFFICE 2002-2003 PERSONAL STATEMENT OF EXPLANATION For Review of Income Data

Independent Student

SSN:

Date

	Last	First	Middle
Please explain yo additional space,	ur special circumstances, det please continue on the back	ailing why you need re	eview of your 2001 income. (If you need
Print or Type:			
my knowledge. I a misrepresentation	gree to provide proof of the inf	formation that I have re on, withdrawal, and/or re	ue, complete, and accurate to the best of eported on this form. False statements or epayment of financial aid. <i>I understand that office.</i>

A N

Student's Signature

Student's Name:

FINANCIAL AID OFFICE 2002-2003 STUDENT'S STATEMENT OF INFORMATION Do not leave any question blank.

Print	t Student's Name:						SSN	# :		
		Last	Firs	st		Middle				
1)	Did you voluntarily quit o	r reduce your l	nours at work?			YES		NO		
	Did your spouse voluntar	ily quit or redu	ce their hours at	work?		YES		NO		NOT MARRIED
	If NO, skip to question 2.									
	If YES, please explain wh	y:								
	When did you (or your sp	ouse) quit or re	educe your hours	?	month:		year:		_	
2)	If you (or your spouse how many hours per w	•	rking	:	you		spous)		
3)	What is your enrollment s	status?	FALL 02 [SPRIG 03 [] Full-time] 3/4 tim] 3/4 tim]] Half-time] Half-time	[] Other [] Other
4)	Were you laid-off or terminated from your job?				YES		NO			
	Was your spouse laid-off	or terminated	from their job?			YES		NO		NOT MARRIED
	If NO, skip to question 5.							-		
	What was the date you (or your spouse) were laid-off or terminated?						year:		-	
	Has you or your spouse applied for Unemployment benefits?					YES		NO		
	When will (did) the Unemployment benefits start?				month:		year:		_	
	When will (did) the Unemployment benefits stop?				month:		year:		-	
5)	Have you and your spouse recently separated?					YES		NO		NOT MARRIED
	If YES, what was the date of separation or divorce?			month:		year:		-		
	Do you have children who live with you? If yes, list their names on the back of this form.				YES		NO			
	Do you receive child support?				YES		NO			
6)	Do you have a Worker's 0	Comp claim?				YES		NO		
	If YES, what was the date the claim was approved?				month:		year:			
Certifi informa unders	ication: I certify that all information that have reported on this forration that I must report of changes of the stand that I must report of changes of the stand that I must report of changes of the standard that I must report of the standard that I must repor	on reported on thi n. False statement he above Informatio	s form is true, compl s or misrepresentatio <u>n to the Financial Aid (</u>	ete, and acon will be cau <u>Office.</u>	curate to se for de	the best onial, reduce	of my kno ction, with	wledge draw , a	e. I agree to p and/or repaym	provide proof of the nent of financial aid. <u>/</u>

Spouse's Signature

Date

Date

Student's Signature

FINANCIAL AID OFFICE 2002-2003 PROJECTED YEAR INCOME STATEMENT

INDEPENDENT STUDENT

Student's Nar	ne:				\$8	SN:		
Do not leave	Last any section	n hlank If a	First	Middle	left blank i	it will not be	accepted. LIST GRO	2.2.0
MONTHLY INC	COME FIGL	JRES. You r	nust provide In	nformation	for all mon	ths requested	d. d.	00
		STUDEN	T			SPOUSE		
	Taxable	Untaxed	Source(s)*		Taxable	Untaxed	Source(s)*	
July 02								
August 02								
September 02								
October 02								
November 02								
December 02								
January 03								
February 03								
March 03								
April 03								
May 03								
June 03								
Subtotals	\$	\$			\$	\$]	
TOTAL TAXA	ABLE & UN	NTAXED	\$			•	\$	
	* l iot	full name a	nd address of		OME COLI	DCEC listed	chava:	
	LIST	iuii name a	nu audress or	ALL INC	OIVIE SOUI	KCES listed	above.	
proof of the informa	ition that I have	reported on this		nents or mis	representation v	will be cause for o	my knowledge. I agree to prov lenial, reduction, withdrawal, ar <u>Aid Office.</u>	
					If married, pl	ease have spou	ıse sign!	
Student's Signature Date					Spouse's Si	•	Date	
		NOI	E: Return this f	orm to the	Financial Aid	OTTICE		

FINANCIAL AID OFFICE

STATEMENT OF ACADEMIC YEAR BASIC LIVING EXPENSES July 2002- June 2003

Stud	ent's Name:			SSN:	
	Last	First	Middle		
vours	FRUCTIONS: Complete this form by p self (and spouse, if married). Do not inclued explanations are required, please us	de any expen	ses covered by food :	stamps or housi	ing assistance. If
1.	Rent (if applicable)		\$		Мт
2.	Mortgage (if applicable; include principal,	interest, and ta	xes)		O ·
3.	Utilities (gas, electric, telephone, etc.)		\$		$\frac{N}{T}$ T
4.	Food (at home and away from home)		\$		LA
5.	Car Payment(s)		\$		-
6.	Transportation (gas, oil, repairs and/or mainte	nance, bus pass	ses)		L S
	TOTAL MONTHLY EXPENSES	3	\$		<u> </u>
1.	Insurance • Automobile		\$		
	• Homeowner's		\$. —
	• Health		\$		AI
2.	Clothing		\$		N U
3.	Recreation/Entertainment		\$		IJA
4.	Medical/Dental expenses not covered by	insurance	\$		ΑΙ
5.	Elementary/Secondary tuition for dependent	ent children	\$		LS
6.	Other (please list)				
	TOTAL ANNUAL EXPENSES		\$		
knowl	FIFICATION: I/we certify that all information edge. I agree to provide proof of the information use for denial, reduction, withdrawal, and/or re	n that I have re	ported on this form. False		
Studer	nt's Signature	Date	Spouse's Signature (if m	arried)	Date

NOTE: Please return this form to the Financial Aid Office