

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.

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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 STUDENT'S STATEMENT OF INFORMATION
Do not leave any question blank.

Print Student's Name: _____ SSN#: _____
Last First Middle

- 1) Did you voluntarily quit or reduce your hours at work? YES NO
- Did your spouse voluntarily quit or reduce their hours at work? YES NO NOT MARRIED

If NO, skip to question 2.

If YES, please explain why:

When did you (or your spouse) quit or reduce your hours? month: _____ year: _____

- 2) If you (or your spouse) are still working how many hours per week do you _____
you spouse

- 3) What is your enrollment status? **FALL 02** [] Full-time [] 3/4 time [] Half-time [] Other
SPRIG 03 [] Full-time [] 3/4 time [] Half-time [] 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? month: _____ 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? YES NO
 If yes, list their names on the back of this form.

Do you receive child support? YES NO

- 6) Do you have a Worker's Comp claim? YES NO
- If YES, what was the date the claim was approved? month: _____ year: _____

Certification: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdraw , and/or repayment of financial aid. I understand that I must report of changes of the above information to the Financial Aid Office.

 Student's Signature Date

 Spouse's Signature Date

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

Student's Name: _____ SSN: _____
Last First Middle

INSTRUCTIONS: Complete this form by providing 2002-2003 **monthly and annual** expense amounts for yourself (and spouse, if married). Do not include any expenses covered by food stamps or housing assistance. If you feel explanations are required, please use the back of this form. **Do not leave any question blank.**

1.	Rent (if applicable)	\$ _____	M O N T H L Y T O T A L S
2.	Mortgage (if applicable; include principal, interest, and taxes)	\$ _____	
3.	Utilities (gas, electric, telephone, etc.)	\$ _____	
4.	Food (at home and away from home)	\$ _____	
5.	Car Payment(s)	\$ _____	
6.	Transportation (gas, oil, repairs and/or maintenance, bus passes)	\$ _____	
TOTAL MONTHLY EXPENSES		\$ _____	

1.	Insurance	\$ _____	A N N U A L T O T A L S
	• Automobile	\$ _____	
	• Homeowner's	\$ _____	
	• Health	\$ _____	
2.	Clothing	\$ _____	
3.	Recreation/Entertainment	\$ _____	
4.	Medical/Dental expenses <i>not covered by insurance</i>	\$ _____	
5.	Elementary/Secondary tuition for dependent children	\$ _____	
6.	Other (please list) _____	\$ _____	
TOTAL ANNUAL EXPENSES		\$ _____	

CERTIFICATION: I/we certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student's Signature Date Spouse's Signature (if married) Date

NOTE: Please return this form to the Financial Aid Office