

FINANCIAL AID OFFICE
2002-2003 REQUEST FOR REVIEW OF INCOME DATA
Dependent 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 parents' financial situation due to special circumstances, they may request a review of income data.

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Special Circumstances

We are able to review and possibly change information you gave on your financial aid application if special circumstances exist. Examples of special circumstances include: a reduction of income because the student or parent has been laid-off or terminated, separation or 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"
- "Statement of Information"
- "Projected Year Income Statement"
- "Statement of Basic Living Expenses"

You must also provide (if applicable):

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

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 STATEMENT OF INFORMATION
Do not leave any question blank.

Student's Name: _____
Last First Middle

SSN: _____

- 1) Did you voluntarily quit or reduce your hours at work? YES NO
- Did either of your parents voluntarily quit or reduce their hours at work?
 If NO, skip to question 2. YES NO
- If YES, please explain why:

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

When did either of your parents quit or reduce their hours? month: _____ year: _____

If you are still working, how many hours per week do you work? _____

If a parent(s) is still working, how many hours per week do they work? _____

- 2) 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

- 3) Were you laid-off or terminated from your job? YES NO

Were either of your parents laid-off or terminated from their job? YES NO

If YES, please check all that apply: SELF
 MOTHER FATHER

What was the date this person was laid-off or terminated? month: _____ year: _____

Has this person applied for Unemployment benefits? YES NO

When will (did) the Unemployment benefits start? month: _____ year: _____

When will (did) the Unemployment benefits stop? month: _____ year: _____

- 4) Are your parents married? YES NO

If YES, skip to question 5.

If NO, have your parents recently separated or divorced? YES NO

If YES, what was the date of separation or divorce? month: _____ year: _____

Does your parent receive child support? YES NO

- 5) Do you have a Worker's Comp claim? YES NO

If YES, what was the date the claim was approved? (give month/year) _____

IMPORTANT

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 must report of changes of the above information to the Financial Aid Office.

Student's Signature _____ Date _____

Parent'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 your parents. 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 _____ Parent's Signature (if married) _____ Date _____

NOTE: Please return this form to the Financial Aid Office