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

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 PERSONAL STATEMENT OF EXPLANATION For Review of Income Data

Dependent Student

Please explain your special circumstances, detailing why you need review of your and/or your parent's 200 income. (If you need additional space, please continue on the back of this form.) Print or Type: CERTIFICATION: I certify that all information reported on this form is true, complete, and accurate to the best	Student's Name:		SSN:	SSN:	
CERTIFICATION: I certify that all information reported on this form is true, complete, and accurate to the best		First			
CERTIFICATION: I certify that all information reported on this form is true, complete, and accurate to the best	Please explain your special circum ncome. (If you need additional sp	stances, detailing why you ace, please continue on t	need review of your and/or your he back of this form.)	parent's 2001	
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ny knowledge. I agree to provide proof of the information that I have reported on this form. False statements nisrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. <i>I understand</i> to	ny knowledge. I agree to provide p	roof of the information that	I have reported on this form. False	e statements o	

Date

Student's Signature

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

Stud	ent's Name:		SSN:	
	Last	First Mi	iddle	
1)	Did you voluntarily quit or reduce	your hours at work?	YES	NO
	Did either of your parents volunt If NO, skip to question 2.	arily quit or reduce their hours at work?	YES	NO
	If YES, please explain why:			
	When did you quit or reduce you	r hours?	month:	year:
	When did either of your parents	quit or reduce their hours?	month:	year:
	If you are still working, how many	y 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?	• •		f-time [] Othe f-time [] Othe
3)	Were you laid-off or terminated f	rom your job?	YES	NO NO
	Were either of your parents laid-	off or terminated from their job?	YES	NO NO
	If YES, please check all that appl	y:	SELF	
			MOTHE	R FATHER
	What was the date this person w	as laid-off or terminated?	month:	year:
	Has this person applied for Unem	nployment benefits?	YES	NO
	When will (did) the Unemploymer	nt benefits start?	month:	year:
	When will (did) the Unemploymen	nt 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 sep	aration or divorce?	month:	year:
	Does your parent receive child su	upport?	YES	N 0
5)	Do you have a Worker's Comp cla	aim?	YES	NO
	If YES, what was the date the cla			
		IMPORTANT		
		IVIFORTANT		
Certifica oformati	ation: I certify that all information reported con that have reported on this form. False state	on this form is true, complete, and accurate to the beaments or misrepresentation will be cause for denial, reduove Information to the Financial Aid Office.	st of my knowledge. I agree action, withdraw, and/or repa	to provide proof of the syment of financial aid. <u>I</u>

Parent's Signature

Date

Date

Student's Signature

FINANCIAL AID OFFICE 2002-2003 PROJECTED YEAR INCOME STATEMENT

INDEPENDENT STUDENT

Student's Nan	ne:					SSN:	
	Last		First	Middle			
Do not leave a MONTHLY INC	any section COME FIGU	n blank. If a JRES. You r	any part of this nust provide In	s form is formation	left blant for all mo	k it will not be onths requested	accepted. <i>LIST GROSS</i> <i>l.</i>
		STUDEN	T			PARENT(S)	
	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	BLE & UN	TAXED	\$				\$
	* 1 :-4	full manage				URCES listed a	-h
	LIST	Tuli name a	na address of	ALL INC	OME SO	URCES listed a	above:
proof of the informa	ition that I have	reported on this	s form. False staten	nents or mis	representatio the <u>above fic</u>	n will be cause for d gure to the Financial	
					it married,	please have spou	se sign!
Student's Signatu	ure		Date E: Return this for	orm to the	Parent's S	-	Date

FINANCIAL AID OFFICE

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

Stuc	lent's Name:			SSN:	
	Last	First	Middle		
vour	TRUCTIONS: Complete this form by preself and your parents. Do not include any anations are required, please use the ba	expenses cove	ered by food stamps	or housing ass	sistance. If you feel
1.	Rent (if applicable)		\$		Мт
2.	Mortgage (if applicable; include principal, in	nterest, and tax	es)		O ·
3.	Utilities (gas, electric, telephone, etc.)		\$		$\frac{N}{T}$ T
4.	Food (at home and away from home)		\$		L A
5.	Car Payment(s)		\$		_
6.	Transportation (gas, oil, repairs and/or mainter	nance, bus passe	s) \$		L S
	TOTAL MONTHLY EXPENSES		\$		·
1.	Insurance • Automobile		\$		
	• Homeowner's		\$, T
	• Health		\$		AI
2.	Clothing		\$		N U
3.	Recreation/Entertainment		\$		IJA
4.	Medical/Dental expenses not covered by in	nsurance	\$		ΑΙ
5.	Elementary/Secondary tuition for depende	nt children	\$		LS
6.	Other (please list)		\$		
	TOTAL ANNUAL EXPENSES		\$		
know	TIFICATION: I/we certify that all information ledge. I agree to provide proof of the information use for denial, reduction, withdrawal, and/or rep	that I have repo	orted on this form. False		
Stude	nt's Signature	Date	Parent's Signature (if ma	rried)	Date

NOTE: Please return this form to the Financial Aid Office