## FINANCIAL AID OFFICE 2003-2004 REQUEST FOR REVIEW OF INCOME DATA Dependent Student

Federal regulation requires all applicants to report 2002 income figures on their 2003-2004 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.

# **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 any of the following documents that apply to your situation:

- Unemployment Award Letter and the most recent Unemployment check stub
- Proof of separation or divorce
- Current check stub for student/spouse (if still working)
- Proof of termination/lay-off
- 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 2003-2004 PERSONAL STATEMENT OF EXPLANATION For Review of Income Data

**Dependent Student** 

Student's Name:	Last	SSN:				
	Last	First	Middle			
Please explain your special circumstances, detailing why you need a review of your and/or your parent's 2002 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 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. I understand that I must report changes of the above information to the Financial Aid Office.

### FINANCIAL AID OFFICE 2003-2004 STATEMENT OF INFORMATION Do not leave any question blank.

Stude	ent's Name:				SSN:	
		Last	First	Middle		
1)	Did you volunta	arily quit or reduce yo	our hours at work?		YES	NO
	Did either of yo If NO, skip to q	our parents voluntarily uestion 2.	YES	NO		
	If YES, please e	explain why:				
	When did you c	quit or reduce your ho	month	: year:		
	When did eithe	r of your parents quit	t or reduce their hours?		month:	year:
	If you are still v	vorking, how many h				
	If a parent(s) is	s still working, how m				
2)	What is your er	nrollment status?	FALL 03: [ ] Full-time SPRG 04: [ ] Full-time	[ ] 3/4 tim [ ] 3/4 tim	ne []Half- ne []Half-	
3)	Were you laid-c	off or terminated from	n your job?		YES	NO
	Were either of	your parents laid-off	YES	NO NO		
	If YES, please of	check all that apply:			SELF	
	What was the c	late this person was I	MOTHE month:			
	Has this person	applied for Unemplo	YES	NO		
	When will (did)	the Unemployment b	month:	year:		
	When will (did)	the Unemployment k	month:	year:		
4)	Are your parents married?				YES	NO
	If YES, skip to o	question 5.				
	5	ur parents recently se	L YES	L NO		
	If YES, what wa	as the date of separat	month:	year:		
	Does your pare	nt receive child suppo	YES	NO		
5)	Do you have a	Worker's Comp claim	?		YES	NO
	If YES, what wa	as the date the claim				

### IMPORTANT

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#### FINANCIAL AID OFFICE 2003-2004 PROJECTED YEAR INCOME STATEMENT DEPENDENT STUDENT

Student's Nar	ne:		First Middl	e	SSN:		
Do not leave any section blank. If any part of this form is left blank it will not be accepted. <i>LIST GROSS</i> MONTHLY INCOME FIGURES. You must provide information for all months requested.							
		STUDEN	Т		PARENT(S)		
	Taxable	Untaxed	Source(s)*	Taxabl	e Untaxed	- Source(s)*	
July 03							1
August 03							
September 03							
October 03							-
November 03							-
December 03							
January 04							
February 04							-
March 04							-
April 04							-
May 04							-
June 04							-
					I		-4
Subtotals	\$	\$		\$	\$	1	
TOTAL TAXA	ABLE & UI	NTAXED	\$			\$	]
* List full name and address of ALL INCOME SOURCES listed above:							

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Student's Signature

Parent's Signature

Date

NOTE: Return this form to the Financial Aid Office

### FINANCIAL AID OFFICE STATEMENT OF ACADEMIC YEAR BASIC LIVING EXPENSES July 2003 - June 2004

Student's Name: _				SSN:
	Last	First	Middle	

**INSTRUCTIONS:** Complete this form by providing 2003-2004 **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.** 

		STUDENT	PARENT	
1.	Rent (if applicable)	\$	\$	. М <sub>т</sub>
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)	\$	\$	H L
6.	Transportation (gas, oil, repairs and/or maintenance, bus passes)	\$	\$	
	TOTAL MONTHLY EXPENSES	\$	\$	•
1.	Insurance a) Automobile	\$	\$	
	b) Homeowner's	\$	\$	A <sub>T</sub>
	c) Health	\$	\$	N
2.	Clothing	\$	\$	N U
3.	Recreation/Entertainment	\$	\$	U
4.	Medical/Dental expenses (not covered by insurance)	\$	\$	
5.	Elementary/Secondary tuition for dependent children	\$	\$	
6.	Other (please list)	\$	\$	
	TOTAL ANNUAL EXPENSES	\$	\$	

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