

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**

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

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Do not leave any section blank. If any part of this form is left blank it will not be accepted. *LIST GROSS MONTHLY INCOME FIGURES. You must provide information for all months requested.*

STUDENT

PARENT(S)

	Taxable	Untaxed	Source(s)*
July 03			
August 03			
September 03			
October 03			
November 03			
December 03			
January 04			
February 04			
March 04			
April 04			
May 04			
June 04			

	Taxable	Untaxed	Source(s)*

Subtotals 

\$	\$
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 TOTAL TAXABLE & UNTAXED 

\$
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Subtotals 

\$	\$
----	----

  
 TOTAL TAXABLE & UNTAXED 

\$
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\* List full name and address of **ALL INCOME SOURCES** listed above:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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. *I understand that I must report changes of the above figures to the Financial Aid Office.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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)	\$ _____	\$ _____	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)	\$ _____	\$ _____	
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>	

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

**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

**NOTE:** Please return this form to the Financial Aid Office