

FINANCIAL AID OFFICE  
**2004-2005 REQUEST FOR REVIEW OF INCOME DATA**  
Dependent Student

Federal regulation requires all applicants to report 2003 income figures on their 2004-2005 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  
**2004-2005 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 04			
August 04			
September 04			
October 04			
November 04			
December 04			
January 05			
February 05			
March 05			
April 05			
May 05			
June 05			

	Taxable	Untaxed	Source(s)*

Subtotals 

\$	\$
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 TOTAL TAXABLE & UNTAXED 

\$
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Subtotals 

\$	\$
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 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

