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

2004-2005 PERSONAL STATEMENT OF EXPLANATION For Review of Income Data

Dependent Student

Student's Name:			SSN:
	Last	First	Middle
Please explain your s 2003 income. (If you	special circumstances, u need additional spac	detailing why you need a e, please continue on the	review of your and/or your parent's back of this form.)
Print or Type:			
	·		
my knowledge. I agree misrepresentation will I	e to provide proof of the be cause for denial, redu	e information that I have rep	e, complete, and accurate to the best of sorted on this form. False statements or ayment of financial aid. <i>I understand that</i>
Student's Signature			Date

2004-2005 STATEMENT OF INFORMATION Do not leave any question blank.

Stud	lent's Name:			SSN:					
	Last	First	Middle						
1)	Did you voluntarily quit or reduce	your hours at work?		YES	NO NO				
	Did either of your parents voluntal If NO, skip to question 2.	rily quit or reduce their hours at	work?	YES	NO NO				
	If YES, please explain why:								
	When did you quit or reduce your	hours?		mont	h: year:				
	When did either of your parents q	uit 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	If a parent(s) is still working, how many hours per week do they work?							
2)	What is your enrollment status?	FALL 04: [] Full-time SPRG 05: [] Full-time	[] 3/4 tir [] 3/4 tir	me [] Half ne [] Half	f-time [] Other f-time [] Other				
3)	Were you laid-off or terminated from	om your job?		YES	NO NO				
	Were either of your parents laid-o	ff or terminated from their job?		YES	NO NO				
	If YES, please check all that apply	:		SELF	IER FATHER				
	What was the date this person wa	s laid-off or terminated?		month:	year:				
	Has this person applied for Unemp	ployment benefits?		YES	NO				
	When will (did) the Unemploymen		month:	_ year:					
	When will (did) the Unemploymen	t benefits stop?		month:	_ year:				
4)	Are your parents married?			YES	NO				
	If YES, skip to question 5.								
	If NO, have your parents recently	YES	L∐NO						
	If YES, what was the date of sepa		month:	_ year:					
	Does your parent receive child sup	oport?		YES	NO				
5)	Do you have a Worker's Comp clai	im?		YES	NO				
	If YES, what was the date the claim								
		IMPORTANT							
Certif	ication: I certify that all information reported o ation that I have reported on this form. False s	on this form is true, complete, and accurat statements or misrepresentation will be c	te to the best of m cause for denial,	ny knowledge. I agr reduction, withdrav	ee to provide proof of the val, and/or repayment of				
IIIIaiici	al aid. <i>I <u>understan</u>d <u>that</u> I <u>must report change</u></i>	<u>s or the above information to the rinanc</u>	<u>Iai Aiu Oilice</u> .						

Parent's Signature

Date

Date

Student's Signature

FINANCIAL AID OFFICE 2004-2005 PROJECTED YEAR INCOME STATEMENT DEPENDENT STUDENT

Student's Nar	ne:		First Mi	ddle	SS	N:		
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.								
		STUDEN	Т		P	PARENT(S)		
	Taxable	Untaxed	Source(s)*	Ta	xable	Untaxed	Source(s)*	
July 04								
August 04								
September 04								
October 04								
November 04								
December 04								
January 05				1 F				
February 05				1 F				
March 05				1 F				
April 05								
May 05								
June 05								
Subtotals	\$	\$		\$		\$	1	
TOTAL TAXA	ABLE & UI	NTAXED	\$				\$	
	* List	full name a	nd address of A	- LL INCON	1E SOU	IRCES listed	above:	
proof of the information	ation that I have	e reported on th	ported on this form is is form. False stateme l <u>erstand that I must re</u>	nts or misrepre	esentation	will be cause for o	lenial, reduction, v	agree to provide vithdrawal, and/or
Student's Signat	ture		Date	Pare	nt's Sigr	nature	Date	

NOTE: Return this form to the Financial Aid Office

STATEMENT OF ACADEMIC YEAR BASIC LIVING EXPENSES July 2004 - June 2005

St	tudent's Name:	uly 2004 - J		SSN:	
	Last	First	Middle		
yc	NSTRUCTIONS: Complete this form purself and your parents. Do not include a complete this form purself and your parents, please use the	any expenses cov	ered by food stamps	or housing assis	stance. If you feel
_		STUDEN	IT PARE	NT	
1.	Rent (if applicable)	\$	\$		Μ _Τ
2.	Mortgage (if applicable; include principal, interest, and taxes)	\$	\$		0 0
3.	Utilities (gas, electric, telephone, etc.)	\$	\$		T T
4.	Food (at home and away from home)	\$	\$		¦ A
5.	Car Payment(s)	\$	\$. H L
6.	Transportation (gas, oil, repairs and/or maintenance, bus passe	\$	\$		LS
	TOTAL MONTHLY EXPENSES	\$	\$		•
1.	Insurance a) Automobile	\$	\$		
	b) Homeowner's	\$	\$		A T
	c) Health	\$	\$		AI
2.	Clothing	\$	\$		NO
3.	Recreation/Entertainment	\$	\$		NI
4.	Medical/Dental expenses (not covered by insurance)	\$	\$		UA
5.	Elementary/Secondary tuition for dependent children	\$	\$		A L L S
6.	Other (please list)	\$	\$		
	TOTAL ANNUAL EXPENSES	\$	\$		
kn be	ERTIFICATION: I/we certify that all information and the information are cause for denial, reduction, withdrawal, and/or student's Signature	nation that I have rep	ported on this form. Fals	se statements or m	e to the best of my hisrepresentation will Signature
Da	ate				

NOTE: Please return this form to the Financial Aid Office