

FINANCIAL AID OFFICE  
**2004-2005 REQUEST FOR REVIEW OF INCOME DATA**  
Independent 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 financial situation due to special circumstances, they may request a review of their file.

**Special Circumstances**

We are able to review and possibly change information you gave on your financial aid application under special circumstances. Examples of special circumstances are: a reduction of income because the student (or spouse) has been laid-off or terminated, separation, 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"
- "Student's Statement of Information"
- "Projected Year Income Statement"
- "Student's 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 PERSONAL STATEMENT OF EXPLANATION**  
 For Review of Income Data  
 Independent Student

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

Please explain your special circumstances, detailing why you need review of your 2003 income. (If you need additional space, please continue on the back of this form.)

Print or Type: \_\_\_\_\_

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**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.

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

FINANCIAL AID OFFICE  
**2004-2005 STUDENT'S STATEMENT OF INFORMATION**  
Do not leave any question blank.

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

- 1) Did you voluntarily quit or reduce your hours at work?  YES  NO  
Did your spouse voluntarily quit or reduce their hours at work?  YES  NO  NOT MARRIED

If NO, skip to question 2.

If YES, please explain why:

\_\_\_\_\_

When did you (or your spouse) quit or reduce your hours? month: \_\_\_\_\_ year: \_\_\_\_\_

- 2) If you (or your spouse) are still working, how many hours per week do you work? \_\_\_\_\_  
you spouse

- 3) What is your enrollment status? FALL 04: [ ] Full-time [ ] 3/4 time [ ] Half-time [ ] Other  
SPRG 05: [ ] Full-time [ ] 3/4 time [ ] Half-time [ ] Other

- 4) Were you laid-off or terminated from your job?  YES  NO  
Was your spouse laid-off or terminated from their job?  YES  NO  NOT MARRIED

If NO, skip to question 5.

What was the date you (or your spouse) were laid-off or terminated? month: \_\_\_\_\_ year: \_\_\_\_\_

Has you or your spouse applied for Unemployment benefits?  YES  NO  
When will (did) the Unemployment benefits start? month: \_\_\_\_\_ year: \_\_\_\_\_  
When will (did) the Unemployment benefits stop? month: \_\_\_\_\_ year: \_\_\_\_\_

- 5) Have you and your spouse recently separated?  YES  NO  NOT MARRIED

If YES, what was the date of separation or divorce? month: \_\_\_\_\_ year: \_\_\_\_\_

Do you have children who live with you?  YES  NO  
If yes, list their names on the back of this form.

Do you receive child support?  YES  NO

- 6) Do you have a Worker's Comp claim?  YES  NO  
If YES, what was the date the claim was approved? month: \_\_\_\_\_ year: \_\_\_\_\_

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

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

FINANCIAL AID OFFICE  
**2004-2005 PROJECTED YEAR INCOME STATEMENT**  
 INDEPENDENT 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

SPOUSE

	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:

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

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

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**If married, please have spouse sign!**

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

\_\_\_\_\_  
 Spouse's Signature Date

**NOTE:** Return this form to the Financial Aid Office

FINANCIAL AID OFFICE  
**STATEMENT OF ACADEMIC YEAR BASIC LIVING EXPENSES**  
**July 2004- June 2005**

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

**INSTRUCTIONS:** Complete this form by providing 2004-2005 **monthly and annual** expense amounts for yourself (and spouse, if married). 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.**

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>		\$ _____	

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

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\_\_\_\_\_  
Student's Signature Date Spouse's Signature (if married) Date

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