

PARENT



FINANCIAL AID OFFICE

2009-2010 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES
to be completed after July 1, 2009

student name

social security number

student address

phone number

home address

It has been brought to our attention that you have a change in your family's current financial status. If that change significantly affects your family's ability to pay for education expenses, complete this form with estimated 2009 income.

We will consider actual changes in family circumstances, but we do not normally make adjustments in response to anticipated changes. Such situations will be considered during the following year. After we have reviewed your information, additional documentation may be required.

Please explain the unusual circumstances affecting your family's ability to pay educational costs. Be as specific as possible. Attach supporting documentation such as the date employment status changed, copies of pay stubs showing year to date earnings, information on unemployment benefits, disability or other benefits to be received or reduced.

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PARENT

ESTIMATED 2009 INCOME

TAXABLE INCOME

- ⇒ father's wages from January 1, 2009 to today \$ _____
- ⇒ father's estimated wages from today to Dec. 31, 2009 \$ _____
- ⇒ mother's wages from January 1, 2009 to today \$ _____
- ⇒ mother's estimated wages from today to Dec. 31, 2009 \$ _____
- ⇒ business and/or farm income \$ _____
- ⇒ other taxable income (alimony, unemployment compensation, capital gains, pensions, annuities, etc.) \$ _____

NON TAXABLE INCOME

- ⇒ child support received \$ _____
 - ⇒ pensions or retirement benefits (401 K) \$ _____
 - ⇒ tax exempt interest \$ _____
 - ⇒ housing food and other allowances \$ _____
 - ⇒ payments to tax deferred pension/savings plan \$ _____
 - ⇒ other non-taxable income or benefits \$ _____
- please indicate the source all of your assistance
Exclude social security benefits, AFDC, ADC

All of the information on this form is true and complete to the best of my knowledge. I understand that verification of these estimates may be required.

_____ parent signature _____ student signature

_____ date

office use only
Approved/Denied _____
New EFC _____
Notification to Parents _____ Y/N _____ Date _____