

Parent Resource (Income) Re-Evaluation

2011-2012

The 2011-2012 financial aid awards are based on 2010 calendar year income and resources. In some cases, special circumstances may qualify for a re-evaluation of financial need. This re-evaluation is performed using current financial data corresponding to the twelve-month aid year in question. If your income has decreased since the 2010 tax year, it may be possible for the Office of Scholarships and Financial Aid (OSFA) to adjust your financial aid eligibility. **We cannot reduce your AGI due to market losses.** This form has been designed to allow you to present information to us in a format that can be used to make award adjustments that will more accurately reflect your current needs. From the date we receive your form, please allow approximately three weeks for processing. This time may vary depending on the time of the year.

Please type or write in ink. DO NOT use pencil.

STUDENT LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			ZIP:
PHONE:		E-MAIL:	
<input type="checkbox"/> UNDERGRADUATE	<input type="checkbox"/> GRADUATE	<input type="checkbox"/> NATIVE AMERICAN	<input type="checkbox"/> NURSING <input type="checkbox"/> PHARMACY

If there has been a change in your financial circumstances from 2010 to present for which you wish to be considered, you **must do all of the following**:

- Provide a written statement describing in detail the circumstances of your appeal (use the space below or attach a separate, signed and dated letter).
- Attach copies of all appropriate documentation specifically pertaining to your circumstance.
- Include your name and student identification number on each page of all documents.

1. BRIEFLY EXPLAIN THE REASONS FOR THE REDUCTION OF YOUR RESOURCES (Income):

This form is continued on second page

2. OSFA can also take into account UNUSUAL AND NECESSARY EXPENSES (Check all that apply):

Consumer/credit card indebtedness will not be considered.

- Medical emergencies: provide a copy of the statement(s) from the insurance provider, pharmacy or medical facilities, stipulating the amount of the medical expenses paid that were **not covered by insurance**.
- Private education tuition (K-12), provide a copy receipt of tuition payments.
- Tax liens: provide statement from Internal Revenue Service and/or State Tax Board indicating monthly payment amount on back taxes owed
- Court ordered payments, provide a copy of receipt of payments
- Other, please explain _____

TOTAL	CALENDAR YEAR EXPENSES JANUARY 2011 - DECEMBER 2011	ACADEMIC YEAR EXPENSES JULY 2011 - JUNE 2012
UNUSUAL AND NECESSARY EXPENSES (12 mo.)	\$	\$

3. INCOME REDUCTION (Check all that apply; provide amounts where applicable):

- Provide a copy of your employment termination letter, including verification of severance pay or retirement benefits (or the lack thereof).
- Provide a copy of unemployment or disability benefits eligibility, monthly amount, including start and end dates.
- Provide a copy of your termination notice of other income (e.g., Social Security).
- Provide the date of separation, divorce or death of spouse.

PROJECTED YEAR INCOME/RESOURCES FOR PARENT(S). Please document your income for the two different 12-month periods below. **DO NOT LEAVE BLANKS.** Enter zero where applicable.

	CALENDAR YEAR INCOME JANUARY 2011 - DECEMBER 2011	ACADEMIC YEAR INCOME JULY 2011 - JUNE 2012
Income earned from work by mother :	\$	\$
Income earned from work by father :	\$	\$
Other taxable income and benefits (circle all that apply): Include: interest/dividend income, rental income, unemployment, taxable portion of social security or retirement, etc.	\$	\$
Nontaxable income and benefits (circle all that apply): Include: untaxed portion of social security or retirement, child support, welfare benefits (not food stamps), worker's compensation, and other income not reported on this form.	\$	\$

Any changes to financial aid awards will be contingent on the type of funds available and eligibility policies and regulations.

4. CERTIFICATION: I certify that the above is based on the best information available at this time. I understand that additional documentation may be required to clarify my/our circumstances.

Parent Signature	Date