

STUDENT INFORMATION

FIRST	MIDDLE	LAST	BRANDMAN ID NUMBER
ADDRESS			EMAIL ADDRESS
CITY	STATE	ZIP CODE	PHONE

You may use this form to request a review of your aid eligibility because of extenuating circumstances not addressed on your 2010-2011 Free Application for Federal Student Aid (FAFSA). *Changes resulting from this review **do not** guarantee an increase in aid.*

**REDUCTION OF INCOME (at least 10 weeks of unemployment or 20% reduction in income since 2009)**

**DO NOT LEAVE BLANKS.** Indicate N/A if it does not apply to you.

**Please Provide:**

- Your 2009 signed federal tax return AND W-2s
- Year-to-date pay stub
- Documentation of Unemployment Benefits
- Copy of Employer separation letter
- Attach a detailed letter of explanation concerning your loss of income, and include:
  - your current or prior employer's/agency's name, address and phone number
  - separation date or date your income was reduced.

**2010** (January 1<sup>st</sup>-December 31<sup>st</sup>)

**Other Taxable Income**

(Alimony, dividend/interest income, unemployment compensation, or trust/investment income)

STUDENT: \$ \_\_\_\_\_

SPOUSE: \$ \_\_\_\_\_

**2010**(January 1<sup>st</sup>-December 31<sup>st</sup>)

**Estimated total gross income from work**

Include year to date pay and estimated future earnings

STUDENT: \$ \_\_\_\_\_

SPOUSE: \$ \_\_\_\_\_

**2010** (January 1<sup>st</sup>-December 31<sup>st</sup>)

**Nontaxable Income**

(Pensions, annuities, TANF, or child support received)

STUDENT: \$ \_\_\_\_\_

SPOUSE: \$ \_\_\_\_\_

**DISLOCATED WORKER - You must complete this section if you answered "yes" that you or your spouse are a dislocated worker on the FAFSA.** Please indicate which of the following categories apply.

**Student or spouse:**

- is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation;
- has been laid off or received a lay-off notice from a job;
- was self-employed but is now unemployed due to economic conditions or natural disaster; or
- is a displaced homemaker. A displaced homemaker is a person who previously provided unpaid services to the family (for example: a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment.
- answered "yes" to the dislocated worker question in error. **Neither student nor spouse are dislocated workers**

**DIVORCE - SEPARATION - DEATH OF SPOUSE:**

**Attach a letter of explanation, including the following:**

- date of divorce/separation/death of spouse, if it occurred *after* filing the 10-11 FAFSA
- 2009 signed tax return and W-2s for student and spouse
- list current household members, relationship, age, monthly child support and alimony you will receive in 2010
- list 2010 business value and/or farm value and/or investment value, and list 2008 business debt and/or farm debt and/or investment debt

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The Financial Aid Office has established a budget for educational and personal expenses. **If you have expenses that are of an extraordinary nature, submit this form and provide the requested documentation.** Do not include basic living expenses such as rent, insurance of any type, food, credit card debt, auto maintenance, and/or entertainment.

**The format of the below information should include a letter of explanation and an itemized list of expenses claimed. Please cross-reference the itemized expenses with the supporting receipts or other documentation provided.**

**1. Child Care Expenses:**

**Attach a letter** stating who pays for the childcare, your relationship to the child and if the child receives full or part-time care. Also **attach a letter** from your childcare provider indicating the names and ages of the children in childcare and the amount paid.

**2. Extended Family Support:**

**Attach a detailed letter of explanation** if you contribute support to relatives not reported as a member of your household on your *Free Application for Federal Student Aid (FAFSA)*; provide documentation that includes the amount you pay each month.

**3. Computer Purchase:**

If you purchased a computer for school, you may request a onetime increase to your cost of attendance. You must provide a receipt as proof of purchase.

**4. Medical/Dental/Optical:**

**Attach a detailed letter of explanation.** Attach photocopies of receipts for bills incurred for all medical, dental, and/or optical expenses not covered by your insurance.

**5. Other Expenses:**

**Attach a detailed letter of explanation.** Attach photocopies of receipts for bills incurred for other additional expenses not included in the above categories. Please note that this section is reviewed on a case by case basis. **Do not include basic living expenses such as rent, insurance of any type, food, credit card debt, auto maintenance, and/or entertainment.**

**CERTIFICATION STATEMENT**

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS, IN THIS YEAR OR NEXT YEAR.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE