

STUDENT INFORMATION

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

Parent(s)/Stepparent(s) may use this form to request a review of student aid eligibility because of extenuating circumstances not addressed on your 2011-2012 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 2010)

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

Please Provide:

- Your 2010 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.

2011 (January 1st-December 31st)

Other Taxable Income

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

FATHER: \$ _____

MOTHER: \$ _____

2011 (January 1st-December 31st)

Estimated total gross income from work

Include year to date pay and estimated future earnings

FATHER: \$ _____

MOTHER: \$ _____

2011 (January 1st-December 31st)

Nontaxable Income

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

FATHER: \$ _____

MOTHER: \$ _____

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 11-12 FAFSA
- 2010 signed tax return and W-2s for both
- For separation: documentation of separate residences (e.g. copy of utility bills)
- list current household members, relationship, age, monthly child support and alimony you will receive in 2011
- list 2011 business value and/or farm value and/or investment value, and list 2011 business debt and/or farm debt and/or investment debt

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.

UNUSUAL MEDICAL and/or DENTAL EXPENSES not covered by insurance:

- Attach an itemized list of expenses claimed** and copies of receipts for expenses from Hospitals/Clinics/Doctor's Office. **Do not include premium payments and expenses covered by your insurance.**
- Attach a separate letter of explanation** stating the reason for the expenses.

PRIVATE ELEMENATRY OR HIGH SCHOOL TUITION:

- Attach a copy of tuition bill, annual agreement, or contract** for tuition expenses incurred by dependent children that are attending a private primary school during the 10-11 academic year. Do not include private college tuition.

EXTENDED FAMILY SUPPORT:

- Attach a separate letter of explanation** stating the reason(s) for financially supporting a relative not counted as a member of your household.
 - **List the following information in your letter:**
 - Name, age, and relationship of relative(s).
 - Month and year support began and expected date support will end.
 - Dollar amount of monthly support paid by you.

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.

PARENT'S SIGNATURE

DATE

PARENT'S NAME (PLEASE PRINT)

PARENT PHONE

PARENT ADDRESS

PARENT EMAIL ADDRESS

CITY STATE ZIP