

\_\_\_\_\_  
STUDENT NAME\_\_\_\_\_  
BRANDMAN ID NUMBER

Parent(s)/Stepparent(s) may use this form to request a review of student aid eligibility because of extenuating circumstances not addressed on your 2018-2019 Free Application for Federal Student Aid (FAFSA). *Changes resulting from this review **do not** guarantee an increase in aid.*

Please include a letter explaining your change in circumstances and attach the requested documentation. **Incomplete appeals will not be reviewed.**

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**REDUCTION OF INCOME (at least 10 weeks of unemployment or 20% reduction in income since 2016)**

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

**Provide all of the following items:**

- 2016 federal tax transcript
- 2017 federal tax transcript
- 2017 W-2 forms
- Year-to-date pay stub
- Documentation of Unemployment Benefits
- Copy of employer separation letter
- Attach a typed, detailed letter of explanation regarding 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.

**2017** (January 1<sup>st</sup>-December 31<sup>st</sup>)**Nontaxable Income**

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

PARENT 1: \$ \_\_\_\_\_

PARENT 2: \$ \_\_\_\_\_

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**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 18-19 FAFSA
  - 2017 signed tax transcript and W-2s for both parents
  - 2017 W-2 forms for both parents
  - For separation/divorce: court filed separation documents or documentation of separate residences (e.g. copy of utility bills)
  - For death of spouse: copy of death certificate
  - List current household members, relationship, age, monthly child support and alimony received in 2017
  - List current business value and/or farm value and/or investment value, and list current 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 medical expenses and whether there is ongoing treatment.

### PRIVATE ELEMENTARY 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 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.
    - An itemized list of expenses with the amount of monthly support paid by you.
    - Documentation of expenses paid (i.e. cancelled checks)

### 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 *(Handwritten Signature Only)*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S NAME *(PLEASE PRINT)*

\_\_\_\_\_  
PARENT EMAIL ADDRESS

**Submit completed form online via the student portal or to:**

**Fax:** 866-659-1147    **Mail:** Brandman University, Financial Aid Office, Third Floor 16355 Laguna Canyon Rd, Irvine, CA 92618