



2011-2012 Request for Reevaluation

Name _____ Student ID# _____

Address _____ SSN# _____

City, State, Zip _____ Phone# _____

I certify that all information provided on this form is true and complete to the best of my knowledge:

Student Signature _____ Date _____

Parent Signature (if dependent student) _____ Date _____

CHANGE OF STUDENT (and/or Spouse, if married) INFORMATION:

If you are *married today* you must also provide your spouse's income information. If you are a *dependent student*, you must also provide your *parent information*. If the answer is zero or does not apply, please state so by using either '0' or N/A. Incomplete forms will be returned to you for clarification.

DECREASE IN INCOME/LOSS OF RESOURCES FOR: STUDENT SPOUSE PARENT

Date of Change: _____ Reasons for Change: _____

Please complete both areas below; if not applicable, write "0" on the appropriate line.

Documented and Projected Income for the period of **01/01/2011 through 12/31/2011:**

1. 2011 Taxable Income (include income received to date and projected for the period of time from January 1, 2011 through December 31, 2011):

For all students:

Student's gross income from work: _____

Spouse's gross income from work: _____

Unemployment received and will receive: _____

For Dependent Students:

Parent's gross income from work: _____

Parent's Unemployment received and will receive: _____

2. 2011 Untaxed Income and Benefits (include income received to date and projected for the period of time from January 1, 2011 through December 31, 2011):

For All Students:

Any untaxed income such as child support, disability, untaxed workers compensation. *Do not include student aid, welfare, or untaxed social security benefits:* _____

Untaxed Income for Parents (for Dependent Students only): _____

2011-2012 Reevaluation Instructions

If you or your family have experienced a dramatic change in income or a loss of resource(s) that was not reflected on your 2011-2012 Free Application for Federal Student Aid (FAFSA), you may inform the financial aid office by completing this form. Use the most accurate information you have available to you today. Be sure to respond to all appropriate questions. We are not able to accept blank as an answer. If the answer is zero or does not apply, please state so by using either "0" or N/A. Incomplete forms will be returned to you for clarification.

Processing times will vary. During peak processing times (summer through fall), it may take up to 8 to 10 weeks to review this revision request. You will be sent a notice when the revision request has been reviewed. Your patience is appreciated in allowing us the necessary time to devote to your concern.

DOCUMENTATION REQUIRED FOR STUDENTS:

- Students AND spouses must provide a copy of their most recent pay-stubs from all 2011 employers indicating year to date income. Students must provide documentation for all untaxed income received in 2011 as well.
- A SIGNED copy of your 2010 tax return.
- Provide unemployment documentation by requesting an Unemployment Payment History from the WorkSource Office.

ADDITIONAL DOCUMENTATION REQUIRED FOR DEPENDENT STUDENTS:

- Parents must provide a copy of their most recent or last pay-stub from all 2011 employers indicating year to date income. Parents must provide documentation for all untaxed income received in 2011 as well.
- A SIGNED copy of your parent's 2010 tax return.
- Provide parent unemployment documentation by requesting an Unemployment Payment History from the WorkSource Office.

OTHER FAMILY CHANGES:

FAMILY MEDICAL EXPENSES: If your family has experienced or is experiencing a decrease in available resources due to medical and/or dental expenses not paid by insurance, complete the re-evaluation request form and attach documentation as noted below:

- Report the total amount of expenses for 2011. **Note: we can only consider costs that were NOT covered by insurance for non-elective procedures.**
- Attach billing statements from the providers and/or insurance summaries that include the following information: **the patient's name the name of the primary insurance holder, the care provider's information, gross charges, amount(s) paid by insurance (if any) and the date(s) of treatment.**