REQUEST FOR FINANCIAL AID ADJUSTMENT

Section 1: To be completed by student (please print):

__________________________________________________________________________
Student Name

__________________________________________________________________________
Student ID/SSN

__________________________________________________________________________
Street Address

__________________________________________________________________________
City State Zip

__________________________________________________________________________
Email

__________________________________________________________________________
Telephone number

You may complete this form if you, your spouse’s, or your parent’s (for dependent students) financial situation has been altered significantly from the information you were required to provide on the current FAFSA. Information from this form, supporting documentation you provide, and information our office retrieves from your financial aid file will be reviewed to determine if we can assist you. All supporting documentation required by the Office of Financial Aid must be attached to your request. Please note this form does not guarantee your request will be approved or that you will be eligible for additional aid.

A. Complete the following if you, your spouse, or your parents (for dependent students) expect to earn less in the current year than you did in the previous year because of a change in or loss of employment; or you, your spouse, or parents (for dependent students) received benefits such as Social Security, Veterans’ Benefits, retirement income, or unemployment benefits in the previous year and those benefits have been reduced or temporarily suspended. Please provide documentation from your employer, former employer, or the appropriate government agency confirming the change in your income or benefits. IMPORTANT:
   a. For changes in income, we must have documentation of your last date of employment, the date your income changed, your year-to-date earnings, and your new income.
   b. For changes in benefits, we must have documentation of the date your benefits changed or were stopped and the monthly amount of your benefits.

Loss of income from work:

Last Date of Work: ____________________________ Weeks unemployed to date: _________________

Did you receive unemployment? _________________ Weekly Amount: _________________________

PROVIDE COPY OF UNEMPLOYMENT INFORMATION

Loss of untaxed income:

Social Security Loss: ____________ (Attach documentation)

Child Support Loss: ____________ (Attach court documentation stating termination of benefits)
B. Change of income or status due to other unusual circumstances

**Medical circumstances:**

Date of issues: __________________________________________________________

Explanation of circumstances: ____________________________________________

________________________________________________________

Attach documentation of circumstances

C. Other unusual or special circumstances that should be considered

Date of issues: __________________________________________________________

Explanation of issues: ____________________________________________________

________________________________________________________

Attach documentation of circumstances

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**Actual & Estimated Income Sheet**

<table>
<thead>
<tr>
<th>Income Item</th>
<th>Prior Year Information</th>
<th>Estimated Current Year Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father/Step-Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother/Step-Mother</td>
<td></td>
<td></td>
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<tr>
<td>Student</td>
<td></td>
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<tr>
<td>Spouse</td>
<td></td>
<td></td>
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<tr>
<td>Other Taxable Income (interest, pensions, unemployment, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other untaxed income (child support, social security, welfare, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Required Personal Statement:

Be sure to include all relevant information. Your written explanation should be as detailed as possible. All personal statements should be signed and dated.

CERTIFICATION STATEMENT
(Please read carefully before signing.)

All relevant or requested information and/or documentation must be attached to your request. Incomplete requests will not be reviewed. Requests are processed in a timely manner through the Financial Aid Office.

By signing below, I affirm that all information contained in or attached to this request for a re-evaluation of my financial aid eligibility, including any attached personal statements and/or documentation, is true and correct to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have given false or fraudulent statements and/or documentation, this request will be denied and any eligibility for federal and state student aid may be suspended or canceled.

________________________________  __________________________________
Student Signature  Date

________________________________  __________________________________
Parent or Spouse Signature  Date

A complete packet consists of the following:

_____ Completed Request Packet (this document)

_____ Completed verification packet

_____ Copies of tax transcript and W2’s

_____ Personal Statement

_____ Any additional documentation to support your request

Be sure to submit all of the required documentation or request will not be processed.