



**AUBURN UNIVERSITY
FINANCIAL AID**

2009-2010

2009-2010

REQUEST FOR DEPENDENT STUDENT RE-EVALUATION

I _____, ID# _____, HEREBY REQUEST
A RE-EVALUATION OF MY APPLICATION FOR FINANCIAL AID FOR THE 2009-2010
YEAR BASED ON THE SPECIAL CIRCUMSTANCES INDICATED BELOW:

_____ One of my parents who earned money in 2008 has lost his/her job for at least 10 weeks in 2009. Submit a copy of his/her resignation letter or a copy of the termination notice from his/her employer. This letter should show the effective last date of employment.

_____ One of my parents changed jobs and now has an income reduction.

_____ Since completing my financial aid application, my parents have separated, divorced, or one of my parents has died. Submit a copy of the divorce decree, death certificate, or a letter from their attorney indicating their separation status.

_____ One of my parents is a dislocated worker as determined by the FAFSA.

_____ One of my parents who earned money in 2008 has not been able to earn money in the usual way for at least 10 weeks because of a disability or natural disaster that happened in 2008 or 2009. Submit a letter from your physician indicating the nature of your parent's disability, or submit a letter from the appropriate state or federal agency indicating that your area has been designated an area eligible for natural disaster relief.

_____ One of my parents received unemployment compensation or some untaxed income in 2008 but has completely lost that income or benefit for at least 10 weeks in 2009. Submit a copy of their termination notice from the Unemployment Agency in your state.

_____ The student received Social Security Benefits in 2008 but will lose benefits in 2009.

_____ The student received child support in 2008 but will lose benefits in 2009.

_____ Your parents have unusually high medical/dental/optical expenses they paid out-of-pocket, not covered by insurance in 2009. We are unable to adjust your information for expenses incurred during 2008 since these expenses should be reflected on your current tax return. Submit copies of canceled checks and/or receipts to medical facilities paid only during 2009.

Every student and parent should submit a signed copy of the 2008 Federal Tax Return with this application. Your tax return is not acceptable without a signature.

Student's Name	Student's ID#	Daytime Phone Number ()
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Provide itemized estimates of your parent's total 2009 calendar year income. These amounts should include income from all sources from January 1, 2009 through December 31, 2009.

Father's Information	Amount
Father's Income From Work	\$ <input type="text"/> Year
Name And Address Of His Employer	_____ _____ _____
Father's Other Income Source _____ Include child support, unemployment compensation, AFDC payments, alimony, social security payments, retirement pay and any other forms of income.	\$ <input type="text"/> Year <input type="text"/> Month
Mother's Information	Amount
Mother's Income From Work	\$ <input type="text"/> Year
Name And Address Of Her Employer	_____ _____ _____
Mother's Other Income Source _____ Include child support, unemployment compensation, AFDC payments, alimony, social security payments, retirement pay and any other forms of income.	\$ <input type="text"/> Year <input type="text"/> Month

Certification: All of the information provided on this form is true and complete to the best of my knowledge. If asked, I agree to provide whatever documentation is requested by the Office of Student Financial Aid to prove the accuracy of this information.

Father's Signature	Date	Mother's Signature	Date
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SCHOOL USE ONLY	Accept Request _____	Reject Request _____
Total 2009 Taxable Income	\$ _____	
Total 2009 Un taxable Income	\$ _____	
Federal Income Tax Owed 2009	\$ _____	
Reason _____		
Signature of FAO _____		Date _____