



**AUBURN UNIVERSITY
FINANCIAL AID**

08-09

2008-2009

REQUEST FOR DEPENDENT STUDENT RE-EVALUATION

I _____, SS# _____, HEREBY REQUEST
A RE-EVALUATION OF MY APPLICATION FOR FINANCIAL AID FOR THE 2008-2009
YEAR BASED ON THE SPECIAL CIRCUMSTANCES INDICATED BELOW:

- _____ One of my parents who earned money in 2007 has lost his/her job for at least 10 weeks in 2008. 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.
- _____ 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 who earned money in 2007 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 2007 or 2008. 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 2007 but has completely lost that income or benefit for at least 10 weeks in 2008. Submit a copy of their termination notice from the Unemployment Agency in your state.
- _____ The student received Social Security Benefits in 2007 but will lose benefits in 2008.
- _____ The student received child support in 2007 but will lose benefits in 2008.
- _____ Your parents have unusually high medical/dental/optical expenses they paid out-of-pocket, not covered by insurance in 2008. We are unable to adjust your information for expenses incurred during 2007 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 2008.

Every student and parent should submit a signed copy of the 2007 Federal Tax Return with this application. Your tax return is not acceptable without a signature.

Parents who have been discharged from active military service should provide a copy of their discharge notice which shows the effective date of separation. Any request submitted will not be processed until all required documents have been received. Please make sure all documents are attached before submitting this request. The processing time is 4-6 weeks after all paperwork has been received. The FAFSA must be received and complete before a Re-evaluation will be considered.

Student's Name	Student's SSN	Daytime Phone Number ()
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Provide itemized estimates of your parent's total 2008 calendar year income. These amounts should include income from all sources from January 1, 2008 through December 31, 2008.

Father's Information	Amount
Father's Income From Work	\$ <input type="text"/> Year
Based On Working How Many Hours Per Week	<input type="text"/> Week
Based On What Hourly Rate Of Pay	\$ <input type="text"/> Hour
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 2008 Taxable Income	\$ _____	
Total 2008 Un taxable Income	\$ _____	
Federal Income Tax Owed 2008	\$ _____	
Reason _____		
Signature of FAO _____ Date _____		