



Office of Student Services, Health Sciences Center

HSC Level 2, Room 271
 Stony Brook, NY 11794-8276
 Phone: (631) 444-2111 Fax: (631) 444-6035

For Office Use Only:
 Posted: _____

2012-2013 REQUEST FOR RE-EVALUATION

Please complete this request for a re-evaluation if you are a dependent student and you or your parent(s) financial situation has changed significantly, or, if you are an independent student and you or your spouse's financial situation has changed, and this change was not reflected on your 2012-2013 FAFSA application.

*****PLEASE NOTE: Office of Financial Aid completing the review of your request for re-evaluation, we must first verify that the information on the 2012-2013 FAFSA is correct. This process can cause a change in anticipated and/or aid that has already been disbursed.**

Once we have received your 2012-2013 FAFSA information from the Federal Processor, and you have submitted the necessary documentation, you will then be notified through SOLAR and/or regular mail explaining whether or not a revision to your initial eligibility has been made.

_____	_____
Student's Name	Stony Brook ID#
_____	_____
Permanent Address	Phone #
_____	_____
Local Address	Phone #
_____	_____
Student Email Address	Parent Email Address

1. Check the appropriate condition (A, B, C or D) under which you are requesting a re-evaluation.

A. LOSS OR REDUCTION OF INCOME - Student, spouse, or parent(s) earned money in 2011 and have since experienced a loss or reduction of income. To qualify, documentation must be provided verifying the person's employment status has changed. Please indicate the reason below:

- Employment termination Retirement Disability Job change
 Work hour reduction

Effective date: _____

Additional Documentation:

- Letter from employer stating termination date
- Proof of Unemployment Compensation Benefits
- Documentation of nontaxable income (i.e. pension, worker's comp, etc.)
- Documentation of income earned from 7/1/11- 6/30/12

B. LOSS OF UNTAXED INCOME OR BENEFIT - Student, spouse, or parent(s) have lost some type of untaxed income benefit (i.e., child support, disability, etc.).

Additional Documentation:

- Letter or statement from agency confirming loss of benefit and actual amount received from 7/1/11-6/30/12

C. DIVORCE, SEPARATION, DEATH OF PARENT OR SPOUSE - Since filing the FAFSA you or your parents have become divorced or separated or your spouse or parent is now deceased.

Additional Documentation:

- Copy of Divorce Decree or Separation documentation
- Copy of Death Certificate

D. OTHER SIGNIFICANT CHANGE IN FINANCIAL SITUATION - Student, spouse, or parent(s) have experienced a change that did not result from one of the above listed conditions.

3. Verification of 2012-2013 FAFSA Information

Before a re-evaluation can be processed, your application must first be verified. In this process we are required to compare information from your FAFSA application with the information provided on this form and the requested tax documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, we will make the appropriate corrections to your FAFSA electronically. FAFSA corrections may result in adjustments to your 2012-2013 financial aid awards. Financial aid awards can be viewed via Stony Brook's on-line SOLAR system at www.stonybrook.edu.

If you have already submitted the 2012-2013 Verification Worksheet and copies of 2011 signed tax returns and W2 forms, skip section 3 and continue to section 4 Estimated Income.

3a. Dependency Information:

Were you born before January 1, 1988? Date of birth _____	<input type="checkbox"/>	Yes	As of today, are you married? (Answer "Yes" if you are separated, but not divorced.)	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
At the beginning of the 2012-2013 school year, will you be working on a master's or doctorate program?	<input type="checkbox"/>	Yes	Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Do you have children who will receive more than half of their support from you between July 1, 2012, and June 30, 2013?	<input type="checkbox"/>	Yes	Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2013?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?	<input type="checkbox"/>	Yes	At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Are you, or were you an emancipated minor as determined by a court in your state of legal residence at the time you received the determination?	<input type="checkbox"/>	Yes	Are you, or were you in legal guardianship as determined by a court in your state of legal residence at the time you received the determination?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
At any time on or after July 1, 2011, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/>	Yes	At any time on or after July 1, 2011, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
At any time on or after July 1, 2011, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	<input type="checkbox"/>	Yes	If you answered YES to any question in section B you are considered <i>Independent</i> for Federal financial aid purposes. If you answered NO to ALL questions in section B you are considered <i>Dependent</i> for Federal financial aid purposes and must provide parent information on this worksheet.		
	<input type="checkbox"/>	No			

Dependent Students: What is your parent's current marital status?

Married/Remarried Widowed
 Divorced/Separated* Single Month/Year of status _____

* If Divorced/Separated, who is your Custodial Parent?

Mother Father

If a custodial parent is remarried, their spouse's information is required on this form.

Student's housing plans:

On campus Off campus At home with parent

3b. Family Information:

Dependent Students: List information for all family members in your parent’s household, include:

- **Yourself, and your parent(s)**, (including stepparent) even if you do not live with your parents.
- Your parents’ other children if your parents will provide more than half of their support from July 1, 2012, through June 30, 2013, **OR** if the children would answer ‘NO’ to all of the questions in section B of this form.
- Other people if they now **live** with your parents **AND** your parents provide more than half of their support , and will continue to do so from July 1, 2012 through June 30, 2013.

Independent Students: List information for all family members in your household, include:

- **Yourself and your spouse** if you have one.
- **Your children**, if you provide more than half of their support.
- Other people, if they **live** with you **AND** you provide more than half of their support and will continue to do so through June 30, 2013.

Family Member Name	Relationship to Student	Age	University/College Attending at least half time during 2012-2013
	STUDENT (self)		Stony Brook University

In 2009 or 2011, did you, your parents or anyone in your parents’ household (listed above) receive benefits from any of the federal benefits programs listed? Check all that apply.

- Supplemental Security income
 Food Stamps
 Free/Reduced Price Lunch
 TANF
 WIC

* **Dislocated Worker** – In general, a person may be considered a dislocated worker if he or she:

- is receiving unemployment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation; has been laid off or received a lay-off notice from a job;
- was self-employed but is now underemployed due to economic conditions or natural disaster; or
- is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g., a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment.

If a person quits work, generally he or she is not considered a dislocated worker even if, for example, the person is receiving unemployment benefits.

- As of today, is either of your parents a dislocated worker? Yes No
- As of today, are you (or your spouse) a dislocated worker? Yes No

3c. Tax Forms and Income Information:

Tax returns include the 2011 IRS Form 1040, 1040A, 1040EZ, TeleFile Tax Record, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of your tax return, request a copy from your tax preparer or a copy of an Internal Revenue service form that lists tax account information.

STUDENT MUST CHECK ONE BELOW:

- I have filed a 2011 federal income tax return. **Attach SIGNED copy of tax return (all federal tax forms and schedules) and W -2 forms.**
- I did not file and I did not work in 2011.
- I did not file and am **not required** to file a 2011 federal income tax return. **Attach a copy of all W-2 forms received or 1099’s~ Complete box below:**

Employer:		Amount Earned:	\$
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PARENT(S) OF DEPENDENT STUDENTS MUST CHECK ONE BELOW:

- Parent(s) filed a 2011 federal tax return. **Please attach SIGNED copy of tax return (including all schedules) and all w -2 forms.**
- Parent(s) filed a foreign tax return or had income earned outside of the United States. **Please select below.**
 - Parent filed a foreign tax return. **Please attach copy with English and U.S. currency conversion.**
 - Parent earned income outside of the United States. **Please attach documentation confirming amount earned in 2011.**
- Parent(s) did not file **and are not required** to file a 2011 federal income tax return. **Please attach a copy of all w-2 forms or 1099’s. Complete box below:**

Employer:		Amount Earned:	\$
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3d. Additional Financial Information:

Complete the following worksheets using annual amounts from calendar year **2011**. Student's must complete the student section (enter combined amounts for you and your spouse if applicable). Parent(s) must complete the parent section (for dependent students).

DO NOT LEAVE FIELDS BLANK; REPORT ZERO AMOUNTS AS \$0

Amounts from January 1,2011 - December 31,2011

2011 Additional Financial Information

Student:

Parent(s):

Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household as reported in section C of this worksheet.	\$ _____	\$ _____
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$ _____	\$ _____
Student grant and scholarship aid reported to the IRS in your adjusted gross income. Include AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$ _____	\$ _____
Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on your w-2 (box 12, code Q)	\$ _____	\$ _____

2011 Untaxed Income

Student:

Parent(s):

Child support received for all children. Do not include foster care or adoption payments.	\$ _____	\$ _____
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$ _____	\$ _____
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study allowances.	\$ _____	\$ _____
Other untaxed income not reported, such as workers' compensation, disability, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Social Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____	\$ _____
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$ _____	\$ _____

3 e. Asset Information:

DO NOT LEAVE FIELDS BLANK; REPORT ZERO AMOUNTS AS \$0

<p>1. As of the date you signed your FAFSA, what was the total current balance in cash and of all savings and checking accounts?</p>	Student / Spouse (if married)	Parent (of dependent
	\$ _____	\$ _____

<p>2. As of the date you signed your FAFSA, what was the net worth of investments, (Do not include real estate)? Net worth means current value minus debt.</p> <p>Examples of investments to be included:</p> <ul style="list-style-type: none"> • Stock options • UGMA & UTMA accounts • Mutual Funds • Coverdell savings accounts • Commodities, etc. • Trust Funds • Money Market Funds • Certificate of Deposit • 529 College Savings Plans • Bonds • Refund value of 529 prepaid tuition plans • Other securities • Installments and land sale contracts (including mortgages held) 	\$ _____	\$ _____
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3. Real Estate Investments:

a. Is the home that your family owns and resides in a multifamily dwelling? (e.g., a portion of your home contains a rental unit) YES NO

If you answered **YES** to part 3a, please answer the following questions:

What is the current market value of the property if sold today? \$ _____	What is the mortgage balance owed on the property? \$ _____	Number of family units in the property? _____
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b. Do you own real estate other than your primary residency (may be listed on schedule E of 1040 tax form)? YES NO

If you answered YES to part 3b, please answer the following questions:

What is the total current market value of all property if sold today? \$ _____	What is the total mortgage balances owned on all properties? \$ _____
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	Student / Spouse (if married)		Parent(s) (of dependent students)	
4. Do you or your parents own a business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. If you answered **YES** to number 4, please answer the following questions:

What type of business do you own? _____	How many full time employees do you have? _____
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	Student / Spouse (if married)		Parent (of dependent student)	
As of the date you signed your FAFSA, what was the net worth of your current businesses and/or investment farms**?	\$ _____	\$ _____		

** Please include the market value of land, buildings, machinery, equipment, inventory, etc.... minus the debt the business or investment farm was used as collateral. Do not include the value of a small business that you (your spouse and/or parents) own and control and has less than 100 full time or full time equivalent employees. Also do not include a family farm that you (your spouse and/or parents) live on and operate.

4. Estimated Income

The following sections require you to provide your expected income from July 1, 2012 to June 30, 2013. Include all income received from July 1st until now and estimate the amounts to be received from now until June 30th. Complete each section in its entirety. **If you do not receive or do not expect to receive a particular source, indicate \$0. If you are completing this form prior to July 1st, you will not complete the "Actual" column, but MUST complete the "Estimated" and "Total" columns.**

	Actual (7/1/12 to Today)		Estimated (Today to 6/30/13)		Total
Gross Income from Work (attach pay stubs)					
By father/step-father	\$ _____	+	\$ _____	=	\$ _____
By mother/step-mother	\$ _____	+	\$ _____	=	\$ _____
By student	\$ _____	+	\$ _____	=	\$ _____
By student's spouse	\$ _____	+	\$ _____	=	\$ _____
Unemployment Benefits for _____	\$ _____	+	\$ _____	=	\$ _____
Severance Package/Retirement Benefits for _____	\$ _____	+	\$ _____	=	\$ _____
Disability/Worker's Compensation for _____	\$ _____	+	\$ _____	=	\$ _____
Alimony/Spousal Support _____	\$ _____	+	\$ _____	=	\$ _____
Child support received for all children _____	\$ _____	+	\$ _____	=	\$ _____
Other income: _____	\$ _____	+	\$ _____	=	\$ _____
Other income: _____	\$ _____	+	\$ _____	=	\$ _____

5. Certification

We have completed all sections of this form and the information contained herein is true and complete to the best of our knowledge. We also understand that if our financial situation changes during the academic year we will notify the Office of Financial Aid and Scholarship Services immediately.

_____	_____
STUDENT'S SIGNATURE	DATE
_____	_____
PARENT'S SIGNATURE	DATE

PLEASE NOTE: ALL sections of this form must be completed and the required documentation must be attached. **Your request for a re-evaluation will be held until ALL the required information AND documentation is received.** Please return this completed form along with the required documentation to the Office of Student Services, Financial Aid. If you have any questions, please call the office at 631-444-2111 or email the office at hscstudentservices@stonybrook.edu.