



**AUBURN UNIVERSITY
FINANCIAL AID**

2011-2012

2011-2012

REQUEST FOR DEPENDENT STUDENT RE-EVALUATION

I _____, ID# _____, HEREBY REQUEST
A RE-EVALUATION OF MY APPLICATION FOR FINANCIAL AID FOR THE 2011-2012
YEAR BASED ON THE SPECIAL CIRCUMSTANCES INDICATED BELOW:

_____ One of my parents who earned money in 2010 has lost his/her job for at least 10 weeks in 2011. 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 2010 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 2010 or 2011. 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 2010 but has completely lost that income or benefit for at least 10 weeks in 2011. Submit a copy of their termination notice from the Unemployment Agency in your state.

_____ The student received Social Security Benefits in 2010 but will lose benefits in 2011.

_____ The student received child support in 2010 but will lose benefits in 2011.

_____ My parent received alimony in 2010 but will lose that income in 2011.

_____ Your parents have unusually high medical/dental/optical expenses they paid out-of-pocket, not covered by insurance in 2011. We are unable to adjust your information for expenses incurred during 2010 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 2011.

Every student and parent should submit a signed copy of the 2010 Federal Tax Return with this application. All forms must be signed by the tax filer.

Financial Aid Office • 203 Martin Hall • Auburn University, AL 36849 • Phone: (334) 844-4634
FAX: (334) 844-6085 E-mail: finaid7@mail.auburn.edu Web: www.financialaid.auburn.edu

Student's Name	Student's ID#	Daytime Phone Number ()
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Provide itemized estimates of your parent's total 2011 calendar year income. These amounts should include income from all sources from January 1, 2011 through December 31, 2011.

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 2011 Taxable Income	\$ _____	
Total 2011 Un taxable Income	\$ _____	
Federal Income Tax Owed 2011	\$ _____	
Reason _____		
Signature of FAO _____		Date _____