



Office of Student Financial Aid
Phone: (973) 655-4461
Fax: (973) 655-7712
financialaid@montclair.edu
<http://www.montclair.edu/financialaid>

INDEPENDENT

**REQUEST FOR REVIEW
REDUCTION IN FAMILY INCOME
2009-2010 ACADEMIC YEAR**

Please Note: You must file a 2009-2010 Free Application for Federal Student Aid (FAFSA) and receive an award letter before submitting this form.

STUDENT'S NAME: _____ **CWID #** _____
Mailing Address _____

Complete this form if you have special circumstances which have resulted in a reduction in resources for calendar year 2009 and will affect your ability to contribute toward your educational expenses. **You must submit your 2008 Federal income tax return, including all schedules and a Verification worksheet with this form.**

The office will only consider reductions in income for the circumstances listed in Section I of this form. It is our policy **not to consider** a reduction in income for the following:

- Tuition paid for elementary/secondary private school.
- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, other miscellaneous consumer item expenses).
- Families with reductions processed in 2008-2009 whom grossly under-estimated 2008 income.
- One year bonus incomes such as lottery or gambling winnings.
- Reductions in overtime pay (this will be reflected on the following year's aid applications).
- Reductions in income resulting from bankruptcy proceedings.
- Medical expenses other than those claimed as a deduction on your 2008 Federal tax returns.

If the reason you are requesting a review is listed above, do not complete this form. If you are uncertain whether or not your situation can be considered for a review, please contact our office at (973) 655-4461.

Student's Name _____ CWID # _____

SECTION I: Do you meet any of these criteria?

To determine if any adjustments can be made to your financial aid file, please complete the appropriate sections below.

A. ____ Since you completed the 2009-10 FAFSA, you or your spouse has lost employment because of termination, layoff, disability, retirement, company closing, plant shutdown.
Last date of employment: ____/____/____ Date expected to return to work ____/____/____

Documentation Required:

- Copy of most recent pay stub
- Notice of benefits determination
- Copy of disability award

B. ____ Since you completed the 2009-10 FAFSA, you or your spouse has lost some type of untaxed income or benefits. Untaxed income includes: worker's compensation, child support, pensions and annuities, social security benefits.

Name of person losing benefit _____
Relationship to student _____
Type of Benefit _____ Date lost ____/____/____

Documentation Required:

- Documentation supporting termination of benefits.
- Copy of 2008 Federal tax return, including all schedules

C. ____ Since you completed the 2009-10 FAFSA, you have divorced or separated from your spouse. Date of separation/divorce ____/____/____

D. ____ Your spouse is now deceased, but his/her information was reported on the FAFSA.
Date deceased ____/____/____

E. ____ You/your spouse have incurred excessive medical expenses in 2008 due to the illness of a family member. **These expenses must be documented on your 2008 Federal income tax -- Schedule A.**

F. ____ **Other:** Your family circumstances are not reflected above or on the previous page. Please attach a **detailed** statement regarding your circumstances and provide supporting documentation.

Complete Section II (see reverse)

SECTION II

Please provide anticipated income for the entire calendar year 2009. **Do not put hourly wage rates but instead compute what will be earned for the year.** List income that was received from January 1, 2009 until now in the first column and estimate the amounts to be received from now until December 31, 2009 in the second column. Then total the first and second columns.

**INCOME FOR JANUARY 1, 2009 TO DECEMBER 31, 2009
Student/Spouse Information for Independent Students**

REPORT GROSS INCOME	ACTUAL 1-1-09 to Date __/__/__	ESTIMATED = Date __/__/__ thru 12-31-09	TOTAL AMOUNT (Actual + Estimated Columns)
Student's income from work	\$	\$	\$
Spouse's income from work	\$	\$	\$
Taxable interest income	\$	\$	\$
Taxable pensions/annuities	\$	\$	\$
Unemployment compensation	\$	\$	\$
Taxable portions of Social Security	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Other _____	\$	\$	\$
Office use only			
Untaxed portions of Social Security	\$	\$	\$
Welfare benefits or AFDC	\$	\$	\$
Untaxed pensions/annuities	\$	\$	\$
Worker's compensation	\$	\$	\$
Child support received	\$	\$	\$
IRA/KEOGH contributions	\$	\$	\$
Untaxed interest income	\$	\$	\$
Earned Income Credit	\$	\$	\$
Other _____	\$	\$	\$
Office use only			

Documentation, such as letters from employers, doctors, State Unemployment Office, pay-stubs etc., which supports the basis of your family's appeal must be submitted. **DO NOT LEAVE ANY BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.** If you do not submit documentation or leave sections of this form blank, the form will be returned as incomplete.

Student's Signature _____ Date _____
Spouse's Signature _____ Date _____