

DEPENDENT

**2008-2009 REQUEST FOR REVIEW
REDUCTION IN FAMILY INCOME**

Please Note: You must file a 2008-2009 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 2008 and will affect your ability to contribute toward your educational expenses. **You must submit parent's 2007 federal income tax return with all schedules, W2 forms 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 2007-2008 who grossly underestimated 2007 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 2007 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.

The office will consider reductions in income for the circumstances listed in Section I of this form.

Complete Section I (following page)

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 2008-09 FAFSA, a parent 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
- Copy of 2007 Federal tax return with all schedules
- Notice of benefits determination
- Copy of disability award

B. ____ Since you completed the 2008-09 FAFSA, a member of your family 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 2007 Federal tax return with all schedules

C. ____ Since you completed the 2008-09 FAFSA, a divorce or separation has occurred within your family. Date of separation/divorce ___/___/___ **Document change of address.**

D. ____ A parent is now deceased, but his/her information was reported on the FAFSA. Date deceased ___/___/___.

Documentation Required:

- Copy of Death Certificate

E. ____ Your family has incurred excessive medical expenses in 2007 due to the illness of a family member. **These expenses must be documented on your 2007 federal income tax return 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 (following)

SECTION II

Please provide anticipated income for the entire calendar year 2008. **Do not put hourly wage rates but instead compute what will be earned for the year.** List income that was received from January 1, 2008, until now in the first column and estimate the amounts to be received from now until December 31, 2008, in the second column. Then total the first and second columns.

INCOME FOR JANUARY 1, 2008, TO DECEMBER 31, 2008
Parent Information for Dependent Students

USE GROSS AMOUNTS	ACTUAL + 1-1-08 to Today Date __/__/__	ESTIMATED = Today to 12-31-08 Date __/__/__	TOTAL (ACTUAL + ESTIMATED COLUMNS)
Father's gross income from work	\$	\$	\$
Mother's gross income from work	\$	\$	\$
Taxable interest income	\$	\$	\$
Taxable pensions/annuities	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Taxable portions of Social Security	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Other _____	\$	\$	\$
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 _____	\$	\$	\$

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 _____
 Parent's Signature _____ Date _____