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: ________________________________ ID#________________

You have notified this office that you and/or your spouse 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.

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:

- Voluntary termination of employment.
- 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).
- 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 (517) 264-7130.
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
- Copy of 2008 federal tax return with schedules A - H
- 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.

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 2009 due to the illness of a family member. These expenses must be documented on your 2008 federal income tax return Schedule A.

Documentation Required:
- 2008 federal tax return with 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
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

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Actual 01-01-09 to Today Date__/<strong>/</strong></th>
<th>Estimated Today to 12-31-09 Date__/<strong>/</strong></th>
<th>Total (Actual + Estimated Columns)</th>
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</thead>
<tbody>
<tr>
<td>Student's income from work</td>
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<tr>
<td>Spouse's income from work</td>
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<tr>
<td>Taxable interest income</td>
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<tr>
<td>Taxable pensions/annuities</td>
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<tr>
<td>Taxable portions of Social Security income</td>
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<tr>
<td>Alimony/Spousal Support</td>
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<tr>
<td>Untaxed portions of Social Security income</td>
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<td>Welfare/FIA/AFDC</td>
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<tr>
<td>Untaxed pensions/annuities</td>
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<tr>
<td>Worker's compensation</td>
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<td>Child Support received</td>
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<td>IRA/401(k)/403(b) contributions</td>
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<tr>
<td>Untaxed interest income</td>
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<tr>
<td>Earned Income Credit/Add'l Child Credit</td>
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<tr>
<td>Other (Unemployment)</td>
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<tr>
<td><strong>Office Use Only</strong></td>
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</tbody>
</table>

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__________________

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Office Use Only:

_____ Approved  ____Denied  FA Signature:___________________________

Date:_________Notes:______________________________________________________