

UAF Financial Aid Office
 101 Eielson Bldg., PO Box 756360
 Telephone (907) 474-7256 or 1-888-474-7256
 Fax (907) 474-7065
<http://www.uaf.edu/finaid>

Name: _____

UA Student ID (eight-digit): _____

2009-2010 Request for Review of Special Circumstances

You may use this form to request a review of extenuating circumstances which were not reflected on your 2009-2010 financial aid application (FAFSA).

Before completing the remainder of this form, be sure that you and/or your spouse or parent(s) meet one of the following conditions:

Mark an "X" in the box that reflects your circumstances:

- Student, student's spouse, or student's parent(s) was employed full-time in 2008 but have been unemployed for at least 10 weeks or had an income reduction in 2009. Go to Section I and complete all items that apply.
- Student, student's spouse, or parent(s) received benefits (such as Social Security, AFDC, Child support) in 2008 and has lost those benefits in 2009. Go to section II and complete all items that apply.
- Student, or student's parent(s) have become separated/divorced after filing the FAFSA; or there has been a death of the spouse or a parent. Go to section III and complete all items that apply.

SECTION I: REDUCTION OF INCOME

A. The STUDENT and/or spouse will have a significant loss of income in 2009.

(Parents, if applicable, complete section B)

Attach the following:

A personal written statement which explains the employment history for the person who has a reduction in income during 2009. Provide the dates of employment, the number of hours worked per week, and current employment status.

A letter from the former employer verifying the last date of employment. If this change is regarding changed jobs or reduced hours, attach a letter from the current employer verifying work hours and hourly pay or salary.

Itemize total monthly GROSS (before deductions) income for each month. If there is no income from work, you must fill in the blank with a zero and attach a letter explaining how you (and spouse) supported yourselves. **Do not leave any months blank.**

<u>Student</u>	<u>Spouse</u>
Jan 2009 \$ _____	Jan 2009 \$ _____
Feb 2009 \$ _____	Feb 2009 \$ _____
Mar 2009 \$ _____	Mar 2009 \$ _____
Apr 2009 \$ _____	Apr 20089 \$ _____
May 2009 \$ _____	May 2009 \$ _____
Jun 2009 \$ _____	Jun 2009 \$ _____
Jul 2009 \$ _____	Jul 2009 \$ _____
Aug 2009 \$ _____	Aug 2009 \$ _____
Sep 2009 \$ _____	Sep 2009 \$ _____
Oct. 2009 \$ _____	Oct 2009 \$ _____
Nov 2009 \$ _____	Nov 2009 \$ _____
Dec 2009 \$ _____	Dec 2009 \$ _____
TOTAL \$ _____	TOTAL \$ _____

Indicate any other types of income you and/ or your spouse have or will receive between January, 1, 2009 and December 31, 2009 from any of the following sources and attach documentation of the amounts. Enter zero where appropriate.

	<u>Student</u>		<u>Spouse</u>	
	Monthly Amount	# of Months	Monthly Amount	# of Months
Unemployment Benefits:	_____	_____	_____	_____
Disability or SSI benefits:	_____	_____	_____	_____
Retirement or Pension:	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
AFDC/TANF:	_____	_____	_____	_____
Other: (Including alimony investment income, capital gains, interest income)	_____	_____	_____	_____

B. The student's PARENT(S) will have a significant loss of income in 2009.

Attach the following:

A personal written statement which explains the employment history for the person who has a reduction in income during 2009. Provide the dates of employment, the number of hours worked per week, and current employment status.

A letter from the former employer verifying the last date of employment. If this change is regarding changed jobs or reduced hours, attach a letter from the current employer verifying work hours and hourly pay or salary.

In the spaces below, your parent(s) should itemize their total monthly gross income from work for each month. **Attach copies of pay stubs or statement or earnings form employer to document amounts already earned.** If your parent(s) will have no income from work, they must fill in the blank with zero, and attach a letter explaining how the family was and will be supported. **Do not leave any months blank.**

<u>Father</u>		<u>Mother</u>	
Jan 2009 \$ _____	Jan 2009 \$ _____		
Feb 2009 \$ _____	Feb 2009 \$ _____		
Mar 2009 \$ _____	Mar 2009 \$ _____		
Apr 2009 \$ _____	Apr 2009 \$ _____		
May 2009 \$ _____	May 2009 \$ _____		
Jun 2009 \$ _____	Jun 2009 \$ _____		
Jul 2009 \$ _____	Jul 2009 \$ _____		
Aug 2009 \$ _____	Aug 2009 \$ _____		
Sep 2009 \$ _____	Sep 2009 \$ _____		
Oct 2009 \$ _____	Oct 2009 \$ _____		
Nov 2009 \$ _____	Nov 2009 \$ _____		
Dec 2009 \$ _____	Dec 2009 \$ _____		
TOTAL \$ _____	TOTAL \$ _____		

Your parents should indicate any other type of income they will have or will receive between January 1, 2009 and December 31, 2009 from any of the following sources and attach documentation of the amounts.

	<u>Father</u>		<u>Mother</u>	
	MONTHLY AMOUNT	# OF MONTHS	MONTHLY AMOUNT	# OF MONTHS
Employment Benefits	_____	_____	_____	_____
Disability or SSI benefits	_____	_____	_____	_____
Retirement or Pension:	_____	_____	_____	_____
Child Support:	_____	_____	_____	_____
AFDC/TANF:	_____	_____	_____	_____
Other: (Including alimony, investment income, capital gains, interest income)	_____	_____	_____	_____

SECTION II: LOSS OF BENEFITS

Who is the person who received benefits in 2008? (select one)

Student Student Spouse Student's Parent

What type(s) of benefit(s) was received in 2008?
(e.g.. child support, social security, AFDC/TANF)

What date was the benefit terminated or reduced?
(ATTACH DOCUMENTATION FROM APPROPRIATE AGENCY(IES).

Month _____ Day _____ Year _____

What amount will be received from January 1, 2009 to December 31, 2009? (If none, write zero)

Amount per month _____ Number of Months _____

SECTION III: SEPERATION, DIVORCE OR DEATH

Student has become separated or divorced after filing the 2009-2010 FAFSA. (Attach court documents, if available and letter of explanation)

Effective date: _____

Student's parents have become separated or divorced. (Attach court documents, if available)

Effective date: _____

Student's spouse has died. (Attach documentation)

Date: _____

Student's parent has died. (Attach documentation)

Date: _____

SECTION IV: EXTRAORDINARY EXPENSES

List the amounts that student or family will pay between January 1, 2009 and December 31, 2009, AND attach documentation (i.e. copies of bills, receipts, etc.)

Medical and/or dental expenses NOT covered by insurance:

Amount per month _____ # of Months _____

Child Care for student's dependent children:

Amount per month _____ # of Months _____

Children's or sibling's private elementary or secondary school tuition:

Amount per month _____ # of Months _____

Other (Explain): _____

Amount per Month _____ # of Months _____

READ AND SIGN:

I/we hereby certify that all of the information reported on this form and any attachments hereto is true, complete and accurate, I/we understand that all information on this form will be verified. I/we further understand that it is **my/our responsibility to update the income estimates on this form if additional changes occur during 2009**. False statements and misrepresentations will be cause for repayment of illegally disbursed financial aid.

Applicant's Signature

Date

Signature of Student's Father
(if dependent student)

Date

Signature of Spouse

Date

Signature of Student's Mother
(if dependent student)

Date