

2020-2021 Parent Contribution Revision Request

Student Name _____ Student ID# _____

Financial aid eligibility is based on prior year income and assets as reported on the FAFSA. If unusual circumstances have seriously altered your current financial status, you may request a reevaluation. If you have ceased working, or if a benefit has been reduced or canceled, documentation may be required.

A. REASON FOR REQUESTING REVISION

- _____ **INVOLUNTARY LOSS OF INCOME:** Income lost for at least 10 weeks. **Explain on back and provide documentation.**
- _____ **DEATH:** The student has already applied for Federal Student Aid, but since that time, the family wage earner has died. **Explain on back and provide documentation.**
- _____ **OTHER:** There is a change in income, but it does not fit one of the above reasons. **Explain on back and provide documentation.**

B. ESTIMATED INCOME: Complete each line. **ENTER 0 if none. Submit documentation.**

INCOME FOR JANUARY 1st TO DECEMBER 31 st	TOTAL
Expected income earned from work by student (wages, salaries, tips, net business/farm income)	\$
Expected income earned from work by parents(s) (wages, salaries, tips, net business/farm income)	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.) SOURCE:	\$
Social Security benefits	\$
Temporary Aid for Needy Families (TANF, AFDC, ADC)	\$
Child support received	\$
Other untaxed income (earned income credit, welfare benefits, Work First, SSI, Worker's Comp, payments to IRA/Keogh, etc.) SOURCE:	\$
TOTAL INCOME FOR THE YEAR	\$
FINANCIAL AID NOTES:	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THE INFORMATION CHANGES, I MUST NOTIFY THE OFFICE OF FINANCIAL AID AND SCHOLARSHIPS IN WRITING.

Parent Signature Date Student Signature Date