

Office of Student Financial Aid

Student's Name: _____ **ID#:** _____
(Please print) **Last** **First**

2011-2012 PARENT RE-EVALUATION FOR LOSS OF INCOME

The Office of Student Financial Aid may exercise professional judgment to reevaluate a student's financial information for certain extenuating circumstances. Check the appropriate item(s) that apply to your circumstances and follow the corresponding instructions. Income lost in 2010 and 2011 can be considered for reevaluation for the 2011-2012 aid year.

Provide a written statement explaining your circumstances, complete the Estimated Income section, attach the required documentation, sign the form and submit it to the Office of Student Financial Aid.

You the parent, or your spouse, have experienced one of the following (please mark all that apply):

- Loss of income** due to employer-initiated termination, employer-initiated reduction in hours, disabling illness or injury, or relocation from another state for your spouse's job.

DOCUMENTATION: (please include at least one of the following.)

- Copy of statement for all Unemployment benefits, documenting all benefits received to date.
 Letter(s) of termination (including date of termination) from employer(s)- on employer letterhead.
 Copy of final pay stub(s) showing year-to-date income.
 Documentation of any other income, such as retirement benefits and severance pay, etc.
Income projection for September 1, 2011 through August 31, 2012 for all individuals whose information is on the FAFSA **on page 2 of this form.**

- Loss or reduction** of child support, Social Security benefits, or unemployment.

DOCUMENTATION: (Please include at least one of the following.)

- Copy of statement from Social Security Administration documenting a change in benefits showing ALL benefits have expired OR a statement showing ALL payments received to date.
 Copy of legal document reflecting loss or reduction of child support or alimony
 Copy of Unemployment benefits documenting the changes in benefits and all payments received.

- Excessive medical/dental expenses** paid in 2010 by you or your spouse.

DOCUMENTATION: (Please include at least one of the following.)

Provide a copy of IRS Tax Schedule A if a federal tax return was filed and deductions were itemized.

- AND**
Provide a statement from each medical, dental or insurance provider documenting the amount you paid after insurance was billed between January 1 and December 31, 2010.

- Separation or divorce** after the 2011-2012 FAFSA application was completed.

DOCUMENTATION: (Please include at least one of the following.)

- Complete the 2011-2012 Student Divorced/Separated Statement at the end of this form.

- Death of a spouse** whose income was reported on the 2011-2012 FAFSA application.

DOCUMENTATION: (Please include at least one of the following.)

- Attach a certified copy of the death certificate or a published obituary from a dated newspaper.

Student's Name: _____

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IMPORTANT: Before this request for reevaluation can be processed, the information on your student's current financial aid application must be verified. If you have not already completed the verification process and provided the Office of Student Financial Aid with a signed copy of your 2010 federal tax return, you need to contact the Office of Student Financial Aid to obtain the required worksheets. *Separated, divorced or widowed parent: In addition to the 2010 federal tax forms you must also include your 2010 W-2 forms and your former spouse's 2010 W-2 forms.*

- I have already completed the 2011-2012 Parent Verification Worksheet and provided a copy of my 2010 federal tax return.
- I have not yet completed the 2011-2012 Parent Verification Worksheet; however **all applicable 2010 federal tax returns and W-2 forms are attached.** *Please Contact the Office of Student Financial Aid to obtain the required verification worksheet. This request for reevaluation will not be processed until these worksheets are received.*

Estimated Income September 1, 2011 – August 31, 2012

All questions must be answered; indicate zero if the income type does not apply. Blank answers will be considered incomplete and will delay process of your re-evaluation.

*Do not include any funding from financial aid or veteran's educational benefits.
Use gross annual income NOT net (take home) amounts or monthly amounts.*

Your (the parent) estimated total wages from work:	\$ _____
Spouse's estimated total wages from work:	\$ _____
Rental real estate income, S corporation income, or royalties:	\$ _____
Spouse's real estate income, S corporation income, or royalties:	\$ _____
Unemployment compensation:	\$ _____
Spouse's Unemployment compensation:	\$ _____
Self-employment (business) income:	\$ _____
Spouse's Self-employment (business) income:	\$ _____
Payments <i>made to</i> tax-deferred pensions and savings plans, including 401(k) and 403(b):	\$ _____
Spouse's Payments <i>made to</i> tax-deferred pensions and savings plans, including 401(k) and 403(b):	\$ _____
Payments <i>made to</i> tax deductible IRA, Keogh and other qualified plans:	\$ _____
Spouse's Payments <i>made to</i> tax deductible IRA, Keogh and other qualified plans:	\$ _____
Child support received:	\$ _____
Spouse's Child support received:	\$ _____

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Student's Name: _____

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Tax exempt interest or dividend income: \$ _____

Spouse's Tax exempt interest or dividend income: \$ _____

IRA or pension distributions: \$ _____

Spouse's IRA or pension distribution: \$ _____

Social Security benefits: \$ _____

Spouse's Social Security benefits: \$ _____

Worker's Compensation: \$ _____

Spouse's Worker's Compensation: \$ _____

Other taxable income; please list type: _____ \$ _____

Spouse's Other taxable income; please list type: _____ \$ _____

Other untaxed income; please list type: _____ \$ _____

Spouse's other untaxed income; please list type: _____ \$ _____

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have given on this form.

Parent's signature

Date

Department Use Only

Approved _____ **Denied** _____ **Counselor** _____ **Date:** _____

Reason:

Portland State University

PO Box 851

Portland, OR 97207-0851

Phone: 503-725-3461

Toll Free: 800-547-8887

FAX #: 503-725-5965

Student's Name: _____
(Please print) Last First

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2011-2012 Parent Divorce/Separated Statement

Submit this page ONLY if separation or divorces is reason for your reevaluation.

All questions must be answered; indicate zero if the question does not apply.

Current Marital Status

Indicate your marital status as of today:

Married Remarried Separated Divorced

_____ Date of most recent marital status
MM/DD/YY

_____ Number of family members in your household, which includes yourself, your spouse (if married today); your children who receive more than half their support from you/your spouse from July 1, 2011 through June 30, 2012; and other people who live with you/your spouse and you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2011 through June 30, 2012.

_____ Number of above family members who are, or will be, attending college in the 2011-2012 school year. Always count the student, plus any other family members who attend at least half-time. **Parents cannot be counted as a family member attending college for financial aid purposes.**

Former Spouse's Information

Please provide the following information about your former spouse:

_____ Last Name First Date of Birth
_____ Street Address City State Zip

Is this person currently a student at PSU? Yes No

<u>Other Sources of Income</u>			<u>Division of Assets</u>	
	2011	2012		
Total child support you (the parent) received for all children	\$ _____	\$ _____	Do you have full or partial ownership of assets, such as real estate, savings, investments, etc., other than the home in which you live?	YES NO
Alimony or spousal support you (the parent) received	\$ _____	\$ _____	If YES, what is the TOTAL value of the asset(s)?	\$ _____
			What is the TOTAL debt on the asset(s)?	\$ _____
			What is your percentage of ownership:	_____ %

Who makes the rent or mortgage payment on your permanent residence?

_____ Amount paid per month \$ _____
Last Name First

_____ Relationship to you (the parent)

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have given on this form.

_____ Parent's signature _____ Date