



2009-10 Parent Review

STUDENT FINANCIAL ASSISTANCE

Tempe campus

PO Box 870412
Tempe, AZ 85287-0412

Student Services Building,
Second Floor

Phone (480) 965-3355

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financialaid@asu.edu

Downtown Phoenix campus

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Polytechnic campus

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Mesa, AZ 85212-0180

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Phone (480) 727-1041

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West campus

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Phoenix, AZ 85069-7100

University Center Building,
Room 120

Phone (602) 543-8178

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SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
STREET ADDRESS	CITY, STATE, ZIP CODE	
DAYTIME PHONE NUMBER	E-MAIL ADDRESS	

SECTION B: REQUIRED ACTIONS

Check all the boxes below that may apply to your request for review and complete the required actions for each reason. **Changes resulting from this review do not guarantee an increase in aid.** If you do not complete the required actions or items are missing or blank, this form will be returned to you unprocessed. If clarification of your situation is necessary, additional information or documentation, beyond the items below, may be requested.

REASON FOR REVIEW (CHECK ALL THAT APPLY)	EFFECTIVE DATE	REQUIRED ACTIONS
<input type="checkbox"/> Reduction of Income or Benefits Must be at least a 20% reduction of family's household income and continuous for 10+ weeks.		1. Attach a detailed letter of explanation concerning your loss of income to include all of the items below: <ol style="list-style-type: none"> Your current or prior employer's name, address and phone number. The date your income was reduced. Indicate whether or not you are entitled to unemployment benefits and/or severance pay and the amounts. 2. Attach a copy of your last pay stub. 3. Complete Section C below.
<input type="checkbox"/> Dislocated Worker Visit students.asu.edu/forms/parent-dislocated-worker for the definition of a dislocated worker.		1. Complete the same actions that are required for a reduction of income or benefits above. 2. Also attach a copy of a termination letter from your employer (on company letterhead) or a letter from your Department of Economic Security or Unemployment Office.
<input type="checkbox"/> Divorce, Separation or Displaced Homemaker Visit students.asu.edu/forms/parent-dislocated-worker for the definition of a displaced homemaker.		1. Attach a copy of your divorce decree or separation agreements. If you do not have a separation agreement, attach a notarized statement indicating separation and effective dates. 2. Attach income/asset settlements. 3. Attach a list of current household members, their relationship to you and their age. 4. Complete Section C below.
<input type="checkbox"/> Death of Spouse		1. Attach a letter specifying the date of your spouse's death. 2. Attach documentation to verify expected 200 income, including survivor benefits, life insurance, etc. 3. Complete Section C below.
<input type="checkbox"/> Healthcare Expenses Medical costs may be allowed if required for treatment, rather than elective care and documented by a physician.		1. Attach a detailed letter of explanation. 2. Attach photocopies of proof of payment for bills incurred for all medical, dental and/or optical expenses not covered by your insurance. 3. Provide documentation that states any monthly payments, duration of payments and whether or not you are qualified for reduction or forgiveness of any costs.
<input type="checkbox"/> Extended Family Support May be allowed if you contribute financially to a relative not counted as a member of your household and extenuating circumstances exist.		1. Attach a detailed letter of explanation stating the reason(s) for support, including: <ol style="list-style-type: none"> Name, age and relationship of relative(s). Month and year support began and expected date support will end. Dollar amount of monthly support paid by you. 2. Attach supporting documentation of payment (e.g., receipts, cancelled checks, etc.).
<input type="checkbox"/> Other, list type:		1. Attach appropriate documentation to explain the situation and/or change.

SECTION C: ANTICIPATED TOTAL INCOME FOR JANUARY 2009 – DECEMBER 2009

Do not leave any amount blank; write "0" if the item does not apply. If any items are missing or left blank, this form will be returned to you unprocessed. Anticipate amounts for the entire 2009 calendar year. **If you significantly underestimated your income on a prior year's form, you may be required to wait until the end of the 2009 calendar year before Student Financial Assistance will consider this review form.**

TYPE OF INCOME		FATHER OR STEPFATHER	MOTHER OR STEPMOTHER
Taxable Income	a. Gross Income from Work	\$	\$
	b. Unemployment Benefits and/or Severance Pay	\$	\$
	c. Alimony Received	\$	\$
	d. Interest & Dividends	\$	\$
	e. Net amount received from withdrawal from pensions or annuities.	\$	\$
Untaxed Income	a. Taxed Deferred Pensions	\$	\$
	b. Self Employment Payments	\$	\$
	c. Child Support Received	\$	\$
	d. Tax Exempt Interest	\$	\$
	e. Untaxed IRA Distributions	\$	\$
	f. Untaxed Pensions	\$	\$
	g. Military Allowance	\$	\$
	h. Veterans Noneducation Benefits	\$	\$
	i. Other Untaxed Income	\$	\$
	j. Other money received, or paid on your behalf (e.g. bills), not reported elsewhere.	\$	\$
Add'l Info	a. Education Credits	\$ (-)	\$ (-)
	b. Child Support Paid	\$ (-)	\$ (-)
	c. Need-based Employment	\$ (-)	\$ (-)
	d. Grant/Scholarship Aid Reported to IRS	\$ (-)	\$ (-)
	e. Combat Pay	\$ (-)	\$ (-)
Total Anticipated Income for 2009		\$	\$

SECTION D: CERTIFICATION STATEMENT, PARENT SIGNATURE & NOTARY PUBLIC SIGNATURE

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely underestimating project income may result in reduced eligibility, repayment of aid and/or denial of future reviews or appeals in this and/or future years. (Sign in the presence of a notary public.)

PARENT SIGNATURE (MUST BE NOTARIZED)		DATE
PARENT FULL NAME (PLEASE PRINT)		
PARENT ADDRESS		CITY, STATE, ZIP CODE
PARENT HOME PHONE NUMBER	PARENT WORK PHONE NUMBER	PARENT E-MAIL ADDRESS
NOTARY PUBLIC SIGNATURE REQUIRED		
 _____ Notary Public		

SECTION E: FOR OFFICE USE ONLY

REVIEW DECISION	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Committee Review
JUSTIFICATION			
ASU FINANCIAL AID COUNSELOR SIGNATURE			DATE