ARIZONA STATE UNIVERSITY

FINANCIAL AID AND SCHOLARSHIP SERVICES

Review Form Supplement

Academic Year
2014-2015

If you need assistance with completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.

STUDENT INFORMATION

Last Name	First Name		Middle I.	10-Digit ASU ID
Local Street Address	**City**	**State**	**Zip Code**	**Daytime Phone Number**

We received your review form and have determined that additional information is required in order to continue processing your review.

Please Note: If all documentation is not received within 14business days, the processing of your review form will be delayed

INSTRUCTIONS

1. **This form will not be processed if any items are left blank or illegible**
2. Use blue or black ink only. Please type or print clearly.
3. Include spouse's information if this form is a supplement to a *Student Income Reduction Review* form **and** you were married when you filed the FAFSA.
4. Include parent's information **and** signature if this form is a supplement to a *Parent Review* form.
5. **THIS FORM WILL NOT BE ACCEPTED WITHOUT THE REQUESTED DOCUMENTATION ATTACHED.** Please include the number of pages.
6. **Submit this form by** fax to 480-965-9484, mail to P.O. Box 870412, Tempe, AZ 85287-0412 or **in person to any of the** Financial Aid and Scholarship Services office locations.

SECTION A: SUPPLEMENTAL INFORMATION

Check the reason(s) this supplemental form is being submitted below:

- ☐ Signed and notarized personal letter
- ☐ W-2
- ☐ Last paycheck stub
- ☐ **Paid** receipts (not billing statement)
- ☐ Letter from childcare provider
- ☐ Other (specify):

Total Number of Attached Pages

SECTION B: ESTIMATED MONTHLY EXPENSES FOR THE CURRENT CALENDAR YEAR

Expense Type	Student & Spouse	Parent(s)
Rent/Mortgage	$	$
Utilities	$	$
Telephone	$	$
Food	$	$
Transportation (include car payment and insurance)	$	$
Medical (include health insurance)	$	$
Other Personal Expenses (list each type)		
a.	$	$
b.	$	$
c.	$	$
Total Monthly Expenses	**$**	**$**

SECTION C: CERTIFICATION AND SIGNATURE

By submitting this form, you certify that the submitted information is true and correct to the best of your knowledge and belief. If asked by an authorized official, you agree to provide additional proof of the information provided on this form. You understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature	Date form was signed