

If you need assistance with completing this form, please contact our office at 855-278-5080 or on 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

You may complete the Parent Review Form if your current family’s financial situation is not accurately reflected by 2015 income tax information. Your 2015 income is used to assess your financial need for the 2017–2018 school year, in accordance with federal laws and regulations. If your family’s income is lower due to special circumstances, a financial aid administrator may be able to use your estimated 2017 income to calculate financial need.

This form will not be processed until your financial aid file is complete and you have been awarded financial aid. Families with a zero Expected Family Contribution (EFC) do not need to submit this form as your EFC cannot be reduced further.

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. Attach all required and relevant documentation to this form.
4. If clarification of your situation is necessary, more information or documentation may be required.
5. 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.

Please Note: Changes resulting from this review **do not** guarantee an increase in your aid since a loss of income may have little or no effect on your financial aid eligibility.

SECTION A: REASON FOR REVIEW

Please check the reasons for this review and provide the documentation required for each reason. If you have extenuating circumstances that are not listed below, you are encouraged to contact the Financial Aid and Scholarship Services office and a financial aid administrator can assess your situation and determine if it warrants a review of the original FAFSA information and/or your offered awards.

<input type="checkbox"/> Reduction of Income or Benefits (including dislocated workers or displaced homemaker) Job or benefits have been lost, or earnings are less in a new job. Only income reductions of a significant amount may affect the aid offer. Significant reductions are typically 25% or more of total income with a duration minimum of eight weeks. <ol style="list-style-type: none"> 1. Attach a copy of your last pay stub AND any documentation regarding unemployment and/or severance pay. 2. Attach a detailed letter of explanation concerning your loss of income to include all of the items below: <ol style="list-style-type: none"> a. Your current or prior employer’s name, address and phone number b. The date your income was reduced c. Indicate whether or not you are entitled to unemployment benefits and/or severance pay and the amounts
<input type="checkbox"/> Divorce or Separation (including displaced homemaker) <ol style="list-style-type: none"> 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 date. 2. Attach proof of your income with your last paystub and your 2015 tax year W-2’s 3. Attach a detailed letter of explanation concerning all of the items below: <ol style="list-style-type: none"> a. A list of current household members, their relationship to you and their age b. Assets assigned to you c. Any settlements, including alimony or child support d. Date of separation
<input type="checkbox"/> Death of Spouse <ol style="list-style-type: none"> 1. Attach a copy of your spouse’s death certificate and any documentation regarding survivor’s benefits. 2. Attach a letter of explanation concerning all of the items below: <ol style="list-style-type: none"> a. The date of your spouse’s death b. Expected survivor benefits (e.g. Social Security survivor benefits, life insurance distributions, annuities, etc.).
<input type="checkbox"/> Loss of Child Support <ol style="list-style-type: none"> 1. Attach a detailed letter of explanation concerning the loss of child support. Include any current monthly child support for other children for 2017. 2. Attach a copy of the court documentation of your loss of child support that includes date of last payment. 3. Provide date of last payment _____. 4. Current monthly child support for other children _____.

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SECTION A: REASON FOR REVIEW (CONT.)

<input type="checkbox"/> Loss of one time income You received one-time income in 2015 that will not occur in 2017 (e.g., 401K, retirement funds received early). <ol style="list-style-type: none"> Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> Type of income received How income was spent Why income cannot be used for education expenses Attach documentation showing you no longer have those funds (i.e. checking and saving statements, paid receipts, etc.).
<input type="checkbox"/> Rollover of IRS distributions and/or Pensions Attach one of the supporting documents: <ol style="list-style-type: none"> IRS Form 1099-R (Box 7 must show a code of "G") IRS Form 5498 (Box 2 must show the amount of rollover contributions). Account statements showing the amount was taken out of one account and rolled over into another account.
<input type="checkbox"/> Extended Family Support (May be allowed if you financially contribute to relatives not counted as members of your household on the FAFSA) <ol style="list-style-type: none"> Attach supporting documentation of payments (e.g., receipts, cancelled checks, etc.). Attach a detailed letter of explanation concerning all items below: <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 Reason for the support
<input type="checkbox"/> Parent Education Expenses or Private School Tuition Expenses Only tuition incurred during the 2017-2018 academic year (after August 2017) will be considered. <ol style="list-style-type: none"> Attach a copy of the school's enrollment contract. Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> Name and age of the dependent(s) attending Dates of attendance The amount of any scholarships or grants that subsidize the tuition
<input type="checkbox"/> Healthcare (Medical expenses may be allowed if required for treatment rather than elective care and documented by a physician.) <ol style="list-style-type: none"> Attach documentation that verifies if payments are on monthly payment plan. Attach receipts for all expenses paid (do not submit unpaid bills) for calendar year 2017. Attach a detailed letter of explanation concerning all the items below: <ol style="list-style-type: none"> Itemized list of healthcare expenses paid for calendar year 2017 If payments are on monthly payment plans, include duration of payments and amounts If you are qualified for reduction/forgiveness of any of these payments

SECTION B: ANTICIPATED ANNUAL INCOME

For each income type, anticipate the amount you plan to receive **for the entire 2017 calendar year** (January 2017 – December 2017). Write in "0" for items that do not apply.

Income Type	Parent 1	Parent 2
Earned Income from Work (i.e. wages from work, business income, farm income, etc.)	\$	\$
Unemployment benefits and/or severance pay	\$	\$
Alimony received	\$	\$
Child Support received	\$	\$
Interest and dividends	\$	\$
Net amount received from withdrawal from pensions or annuities	\$	\$
Taxable Social Security benefits	\$	\$
Pensions and Annuities	\$	\$
Other taxable income (i.e. rental income, capital income, etc.)	\$	\$

SECTION C: CERTIFICATION AND SIGNATURE

Certification: 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 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
Parent's Signature	Parent Phone Number and Email Address