FINANCIAL AID AND SCHOLARSHIP SERVICES

Parent Review

ARIZONA STATE UNIVERSITY

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle I.</th>
<th>10-Digit ASU ID</th>
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<thead>
<tr>
<th>Local Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Daytime Phone Number</th>
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You may complete the Parent Review Form if your current family’s financial situation is not accurately reflected by 2016 income tax information. Your 2016 income is used to assess your student’s financial need for the 2018–2019 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 2018 income to calculate financial need.

This form will not be processed until your student’s financial aid file is complete and your student has been awarded financial aid. Families with a zero Expected Family Contribution (EFC) do not need to submit this form as the 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 Financial Aid and Scholarship Services 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 Financial Aid and Scholarship Services and a financial aid administrator can assess your situation and determine if it warrants a review of the original FAFSA information and/or your student’s offered awards.

☐ 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.

1. Attach a copy of your last pay stub
2. Any documentation regarding unemployment and/or severance pay.
3. Attach a detailed letter of explanation concerning your loss of income to include all of the items below:
   a. If currently employed, your most current pay stub
   b. Your prior employer’s name, address and phone number
   c. The date your income was reduced
   d. Indicate whether or not you are entitled to unemployment benefits and/or severance pay and the amounts

☐ Divorce or Separation (including 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 date.
3. Attach a detailed letter of explanation concerning all of the items below:
   a. A list of current household members, their relationship to you and their age
   b. Assets assigned to you
   c. Date of separation

☐ Death of Spouse

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:
   a. The date of your spouse’s death
   b. Expected survivor benefits (e.g. Social Security survivor benefits, life insurance distributions, annuities, etc.)

☐ Loss of Child Support

1. Attach a detailed letter of explanation concerning the loss of child support. Include any current monthly child support for other children for 2018.
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 ____________________.
SECTION A: REASON FOR REVIEW (cont.)

☐ Loss of one time income
You received one-time income in 2016 that will not occur in 2018 (e.g., 401K, retirement funds received early).
1. Attach a detailed letter of explanation concerning all the items below:
   a. Type of income received
   b. How income was spent
   c. Why income cannot be used for education expenses
2. Attach documentation showing you no longer have those funds (i.e. checking and saving statements, paid receipts, etc.).

☐ Rollover of IRA distributions and/or Pensions
Attach one of the supporting documents:
1. IRS Form 1099-R (Box 7 must show a code of "G")
2. IRS Form 5498 (Box 2 must show the amount of rollover contributions).
3. Account statements showing the amount was taken out of one account and rolled over into another account.

☐ Extended Family Support (May be allowed if you financially contribute to relatives not counted as members of your household on the FAFSA)
1. Attach supporting documentation of payments (e.g., receipts, cancelled checks, etc.).
2. Attach a detailed letter of explanation concerning all items below:
   a. Name, age and relationship of relative(s)
   b. Month and year support began and expected date support will end
   c. Dollar amount of monthly support paid by you
   d. Reason for the support

☐ Private School Tuition Expenses
Only tuition incurred during the 2018-2019 academic year (after August 2018) will be considered.
1. Attach a copy of the school’s enrollment contract.
2. Attach a detailed letter of explanation concerning all the items below:
   a. Name and age of the dependent(s) attending
   b. Dates of attendance
   c. The amount of any scholarships or grants that subsidize the tuition

☐ Parent Education Expenses
Payments made towards loans used by parent(s) to fund their own education
1. Attach supporting documentation of payments made during the calendar year 2018.
2. Attach a detailed letter of explanation concerning the amount paid in calendar year 2018.

☐ Healthcare (Medical expenses may be allowed if required for treatment rather than elective care and documented by a physician.)
1. Attach documentation that verifies if payments are on monthly payment plan.
2. Attach receipts for all expenses paid (do not submit unpaid bills)
3. Attach a detailed letter of explanation concerning all the items below:
   a. Itemized list of healthcare expenses paid for calendar year 2018
   b. If payments are on monthly payment plans, include duration of payments and amounts
   c. 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 2018 calendar year (January 2018 – December 2018). Write in “0” for items that do not apply.

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Parent 1</th>
<th>Parent 2</th>
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<tbody>
<tr>
<td>Earned Income from Work (i.e. wages from work, business income, farm income, etc.)</td>
<td>$</td>
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<tr>
<td>Unemployment benefits and/or severance pay</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Alimony received</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Child Support received</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Interest and dividends</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net amount received from withdrawal from pensions or annuities</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Taxable Social Security benefits</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Pensions and Annuities</td>
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<td>$</td>
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<tr>
<td>Other taxable income (i.e. rental income, capital income, etc.)</td>
<td>$</td>
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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. I understand that all communication will be sent to the students ASU email account.

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date form was signed</th>
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<tbody>
<tr>
<td>Parent’s Signature</td>
<td>Parent Phone Number and Email Address</td>
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