



Request to Review Information Reported on 2009-10 FAFSA
Due to Reduction of Projected Income for 2009

Student's Name _____ Student SSN _____ or Samford ID # _____

Due to unusual circumstances detailed below, I expect my family's income to be significantly less in the calendar year 2009 than in 2008 as reported on my 2009-2010 FAFSA. This projected reduction in income is due to the following (please check one):

1. Unemployment or a change in Employment Status

Indicate the family member who has experienced a loss of job or a change in employment status during 2008 or 2009.

Student Spouse Father/Stepfather Mother/Stepmother

Please indicate the following:

Name _____ Last date of employment _____

(Attach documentation from employer stating termination date or verification of last date of employment)

Former Employer _____ Phone _____

Employer address _____ Contact _____

New Employer (if applicable) _____

Date of re-employment (if applicable) _____

The total household income for the calendar year 2009 is projected to be: \$ _____ (include income from ALL sources -- must attach detailed accounting and supporting documents - i.e. final pay stub and current pay stub)

2. Receipt of Certain Non-Recurring Income in 2008

Indicate the amount and type of income received in 2008, and reported on your 2009-2010 FAFSA, that you or your parents (if a dependent student) will not receive in 2009. (Examples: moving expense reimbursement and capital gains.)

Type of income _____

Amount \$ _____ (must attach detailed accounting)

Students requesting a review based on receipt of non-recurring income may be selected for verification and required to submit copies of 2008 tax returns, W-2's and a verification worksheet.

Certification: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that approval of this request is contingent upon review of accuracy of information and is only made on a case by case basis. The action of the Office of Financial Aid is final.

Signature of Student _____

Date _____

Signature of parent or spouse if applicable _____

Date _____

Office of Financial Aid Use Only:

Approved per professional judgment _____ Denied _____ Approved by _____ Date _____