



2009-10 FINANCIAL CIRCUMSTANCES APPEAL

Student Name:		Name of Person Completing Appeal Form & Relationship to Student:	
DU ID or SSN:	Mailing Address:		
Daytime Phone Number:		Email Address:	

This form may be used to document changes in income, high out of pocket medical expenses, or other financial circumstances that may affect the availability for family resources for your educational expenses. The Financial Aid Office may re-evaluate the information reported on your Free Application for Federal Student Aid (FAFSA), and in some cases, make allowable adjustments. Any change to your financial aid award depends in part upon the availability of funds as well as eligibility regulations and policies.

Please complete both sides of this form and provide documentation supporting your appeal. Appeals without appropriate documentation included cannot be considered.

Please check the basis for your appeal:

- Change in Financial Circumstances (i.e., reduction in income greater than 20%)**
 Attach copy of separation letter, severance pay, recent disability or unemployment compensation as applicable.
- Divorce or Separation, Death of Spouse/Parent**
 Attach copy of divorce decree, separation document, proof of separate residences, death certificate and any evidence of survival benefits as applicable.
- Out of Pocket Medical/Dental Expenses (exceeding 4% of total income)**
- Other Unusual Expenses**

Please provide a brief description of the financial circumstances to be considered for this appeal:

Please complete both sides of this form.

Student's name: _____ DU ID or SSN _____

On whose financial circumstances is this appeal based? (circle one) PARENTS STUDENT

List your and your spouses' 2009 Projected Income:

(If not already provided, include a copy of 2008 tax forms)

Earnings from employment – attach copies of most recent pay statement(s)	\$
Unemployment Compensation –attach copy of unemployment benefits statement	
Net Income (loss) from business, farm, royalties, partnerships, estates, trusts, etc.	
Interest and Dividend Income	
Other taxable income such as alimony received, capital gains/losses, rental property, etc.	
Child Support	
Social Security Benefits received	
AFDC/TANF	
Non-taxed Disability, Pension, or Retirement distributions	
Other income (please specify source and provide documentation)	

Unusual and Necessary Expenses not covered by Insurance

(Attach documentation – receipts or billing statements showing amounts paid)

Out of pocket medical and dental expenses	\$
Primary home repairs due to natural disaster	
Other (may not include consumer debt or K-12 educational expenses)	

By signing this application, you are certifying that this information provides the best estimate of your 2008 calendar year income, and provides accurate current asset information. By signing this application you agree, if asked, to provide additional information that will verify the accuracy of your completed form.

Signature of Parent completing this form:	Date:
Signature of Student completing this form:	Date:

Please return to:

Financial Aid Office, 50 Acacia Avenue, San Rafael, CA 94901 P: 415-257-1350, F: 415-485-3294

****For Financial Aid Office Use****

__Approved Comments: _____

__Denied

Initial/Date _____