INDEPENDENT

MSC—REQUEST FOR REVIEW
REDUCTION IN FAMILY INCOME (UCF)
2014-2015 ACADEMIC YEAR

Please Note: You must file a 2014-2015 Free Application for Federal Student Aid (FAFSA) and receive an award letter before submitting this form. If selected for federal verification, you must submit all required documents to complete verification before an adjustment may be considered.

STUDENT’S NAME: ___________________________ SSN:_________________________

You have notified this office that you and/or your spouse have special circumstances, which have resulted in a reduction of resources for calendar year 2014 and will affect your ability to contribute toward your educational expenses.

The Financial Aid Office will only consider reductions in income for the circumstances listed in Section 1 of the form. It is our policy not to consider a reduction in income for the following:

- Tuition paid for elementary/secondary private school (unless required due to disability or handicap).
- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, other miscellaneous consumer item expenses).
- Families with reductions processed in 2013-2014 who grossly underestimated 2013 income.
- One year bonus incomes such as lottery or gambling winnings, inheritances, etc.
- Reductions in overtime pay (this will be reflected on the following year’s aid applications).
- Reductions in income resulting from bankruptcy proceedings.

If the reason you are requesting a review is listed above, do not complete this form. If you are uncertain whether or not your situation can be considered for a review, please contact our office at (580) 371-2371, Ext. 143 or at Ardmore at (580) 220-2861.

SECTION 1: DO YOU MEET ANY OF THESE CRITERIA?

To determine if any adjustments can be made to your financial aid file, please complete the sections below that apply to you.

A.________Since you completed the 2014-15 FAFSA, you or your spouse has lost employment because of termination, layoff, disability, retirement, company closing, plant shutdown. Last date of employment _______/_____/____. Date expected to return to work _______/_____/____.

Documentation Required:
- Copy of most recent pay stub
- Proof of last date of employment (on company letterhead) or Unemployment Office documentation
- Notice of benefits determination (if applicable)
B. Since you completed the 2014-15 FAFSA, you or your spouse has lost some type of untaxed income or benefits. Untaxed income includes: worker’s compensation, child support, pensions and annuities, social security benefits.

Name of person losing benefit
Relationship to student
Type of benefit Date lost

Documentation Required:
- Documentation supporting termination of benefits.

C. Since you completed the 2014-15 FAFSA, you have divorced or separated from your spouse. Date of separation/divorce

Documentation Required:
- Copy of divorce decree/legal separation or
- Authoritative 3rd party documentation (i.e. letter from lawyer, landlord, doctor, etc.)

D. Your spouse is now deceased, but his/her information was reported on the 2014-2015 FAFSA. Date deceased

Documentation Required:
- Copy of death certificate.

E. You/your spouse have incurred excessive medical expenses in 2013 due to the illness of a family member. Total medical for the year is $___________.

Documentation Required:
- Schedule A of 2013 federal tax form (if applicable)
- Copies of doctor bills, prescriptions, etc.
- Copies of health insurance statements (if applicable)

F. Other: Your family circumstances are not reflected above or on the previous page. Please attach a detailed statement regarding your circumstances and provide supporting documentation.

Complete Section II (see reverse).
SECTION II

Please provide anticipated income for August 1 2014 to July 31, 2015. **Do not put hourly wage rates but Instead compute what will be earned for the year.** List income that was received from August 1, 2014, until now in the first column and estimate the amounts to be received from now until July 31, 2015, in the second column. Then total the first and second columns.

**INCOME FOR August 1, 2014, TO July 31, 2015**

**Student/Spouse Information**

<table>
<thead>
<tr>
<th></th>
<th>ACTUAL 8-1-14 To Today</th>
<th>ESTIMATED Today to 7-31-15</th>
<th>TOTAL Actual + Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s income from work</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Spouse’s income from work</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Taxable interest income</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Taxable pensions/annuities</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed pensions/annuities</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment compensation</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Taxable portions of Social Security</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed portions of Social Security</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony/Spousal Support</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child support received</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Welfare Benefits or TANF</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>IRA/KEOGH Contributions</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Untaxed interest income</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Earned Income Credit</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other ( )</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Documentation, such as letters from employers, doctors, State Unemployment Office, paystubs, etc., which supports the basis of your family’s request must be submitted. **DO NOT LEAVE ANY BLANKS. PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.** If you do not submit documentation or leave sections of this form blank, the form will be returned as incomplete.

Student’s Signature __________________________________________________________ Date: ______________________

Spouse’s Signature __________________________________________________________ Date: ______________________