



CENTRAL WASHINGTON UNIVERSITY

PARENT CONTRIBUTION REVISION REQUEST
Academic Year 2009-2010

STUDENT NAME

STUDENT ID NUMBER

E-Mail Address

REASON FOR REQUESTING REEVALUATION: Revisions will be considered based upon the reason for the request and the supporting documentation provided. Please complete this form and submit a signed copy of your parent's 2009 federal tax return and W-2s. If the tax return is not yet available, please send the final pay stub or other supporting documentation with this revision request.

A. EXPLANATION OF CIRCUMSTANCES: It may be necessary to explain further on a separate sheet of paper. Be sure to attach any supporting documentation to aid in your request.

- SUBSTANTIAL INVOLUNTARY LOSS OF INCOME: at least a 25% reduction in income between 2008 and 2009 that has lasted for at least 10 weeks. Explain the circumstances in detail below; i.e., business closure, reduction in force, etc.
DEATH: The student has already applied for Federal Student Aid, but since that time, one of the student's parents has died. Explain in detail below.
OTHER: There is a change in income, but it does not fit one of the above reasons. Explain in detail below.

Your request will be given full consideration. However, we are concerned about un-realistic expectations. We can only consider fully documented situations that fall within the parameters of Federal Guidelines.

Explanation of circumstances:

**C. PARENT SECTION:** Enter estimated income for each line for **Calendar Year 2009 (1/1/09-12/31/09)**. Enter 0 if you do not have an amount to report. Submit a signed copy of your parent's 2009 federal tax return and W-2s. If the tax return is not yet available, please send the final pay stub or other supporting documentation with this revision request.

Father wages, salaries, tips: \_\_\_\_\_  
 Mother wages, salaries, tips: \_\_\_\_\_  
 Interest Income: \_\_\_\_\_  
 Dividends: \_\_\_\_\_  
 Net income from business or farm: \_\_\_\_\_  
 Net rental income (or loss): \_\_\_\_\_  
 Pensions, annuities, royalties, partnerships, estates, trusts, etc.: \_\_\_\_\_  
 Unemployment compensation: \_\_\_\_\_  
 Other taxable income: (identify) \_\_\_\_\_  
 Child Support received: \_\_\_\_\_  
 Your Contributions to tax-deferred retirement plans  
 (401k, 403b, 457, 414h, etc.): \_\_\_\_\_  
 Untaxed disability Income: \_\_\_\_\_  
 Social Security: \_\_\_\_\_  
 Housing and living allowance paid to clergy, military, etc.: \_\_\_\_\_  
 Other untaxed income: (identify) \_\_\_\_\_  
**TOTAL from all sources:** \_\_\_\_\_

**Sign this Worksheet**

By signing this worksheet, we certify that all information reported on this worksheet is complete and correct.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Please continue checking on your Safari "To Do List" to see if you have been requested to submit additional information.**