Print Name

Student ID #

E-mail Address

**REASON FOR REQUESTING REEVALUATION:** We are required to verify your FAFSA application before we can consider a request for a contribution revision. You will be sent a separate verification worksheet that will need to be completed and submitted with requested documentation. In addition, you need to complete and submit this form with a signed copy of your parent’s 2014 federal tax transcript and W-2’s. If the tax transcript is not yet available, please send the final pay stub or other supporting documentation with this revision request.

**A. EXPLANATION OF CIRCUMSTANCES**

Please provide a detailed explanation of the change in circumstance. 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 2014 and 2015 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.**

**Explanation of circumstances:**

Your request will be given full consideration. However, we can only consider fully documented situations that fall within the parameters of Federal Guidelines.
B. PARENT SECTION:

Enter estimated income for each line for Calendar Year 2015 (1/1/2015 - 12/31/2015). Enter 0 if you do not have an amount to report. Submit a signed copy of your parent's 2014 federal tax transcript and W-2s. If the tax transcript 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: $ _____________

C. 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 _____________

Please continue checking on your MyCWU "To Do List" to see if you have been requested to submit additional information.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.