

**2009–2010 REVISION REQUEST****REGARDING A CHANGE IN FINANCIAL SITUATION**

If you or your family have a dramatic change in financial situation or loss of resource(s) that was not reflected on your 2009-10 Free Application for Federal Student Aid (FAFSA), you may inform us by completing this form. Use the most accurate information you have available to you today. Be sure to respond to all appropriate questions. We are not able to accept blank as an answer. If the answer is zero or does not apply, please indicate this by using either '0' or N/A. Incomplete forms will be returned to you for clarification.

Please keep in mind that financial aid funds are limited. In some cases we may be able to approve your revision, but unable to offer you more aid. Generally, increases in eligibility are met with Federal Direct Stafford Loan (subsidized and unsubsidized) or PLUS Loan (parent or graduate) funds.

Processing times will vary. During peak processing times (March – July), it may take up to several weeks to review this revision request. You will be sent a notice when the revision request has been reviewed. Your patience is appreciated in allowing us the necessary time to devote to your concern.

**CHANGE OF STUDENT (AND/OR SPOUSE, IF MARRIED) INFORMATION****MARITAL STATUS:**

If you were married when you first completed the 2009-10 FAFSA but are now divorced or separated, complete Section I. We may be able to adjust your financial aid eligibility using your income and assets, but not your spouse's. If you were not married at the time you filed your FAFSA, but are married today, your new "married" status will not affect whether your parent information is required this year. However, you must report your spouse's income in completing this section.

**LOSS OF JOB / DECREASE IN INCOME:**

The standard calculation from the FAFSA uses the 2008 calendar year income and resources. If you (or your spouse, if married) have had a permanent change resulting in a substantial decrease in expected income, complete Section I. Report the date and reason of the change and estimate your expected income for the 2009-10 year using the best information available to you today. A 'substantial decrease' is defined as at least 25% less during the 2009-10 school year than it was in 2008.

**OTHER CHANGES:**

We may be able to entertain other situations not specifically addressed on this form. Please attach a written explanation of your family situation. Be very specific. We will notify you if we need more information.

**CHANGE OF PARENT/STEPARENT INFORMATION:****PARENT MARITAL STATUS:**

If the parent who completed your FAFSA has become widowed, divorced or separated since filing the FAFSA, complete Section II (see note below defining your "parent of record"). Report the date and nature of the change. We may be able to adjust your financial aid eligibility using only your parent of records' income and assets. If your parent has married after completing the FAFSA, you do not have to report it this year, unless you are requesting a revision. In such cases, your parent's new status and your new stepparent's information must be reported on this revision request and on future FAFSA applications.

**Note: Defining your parent of record.:** If your parents are divorced or separated, your “parent of record” (the parent whose information you must provide) for financial aid purposes is the parent with whom you lived the most in the 12 months prior to completing your FAFSA. If you did not live with one parent more than the other, your “parent of record” is the parent who provided the most support to you in the last calendar year you received support from either parent. If that parent is married, you must also report stepparent information.

**DECREASE IN PARENT/STEPPARENT INCOME OR RESOURCE:**

The standard calculation from the FAFSA uses the 2008 calendar year income and resources. If your parent of record/stepparent has had a permanent change resulting in a substantial decrease in expected income, complete Section II. If the decrease is due to a reduction or termination in child support received, or other loss of resource(s), complete Section II. Report the date and reason of the change and estimate their expected 2009 income and resources using the best information available to you today. A ‘substantial decrease’ is defined as at least 25% less in 2009 than it was in 2008.

**OTHER PARENT CIRCUMSTANCES:**

We may be able to entertain other situations not specifically addressed on this form. Please attach a written explanation of your family’s situation. Be very specific. We will notify you if we need more information.

**OTHER FAMILY CHANGES**

**FAMILY MEDICAL EXPENSES:**

If your family has experienced or is experiencing a decrease in available resources due to medical and/or dental expenses not paid by insurance, complete Section III. We can only consider costs that were not covered by insurance or are non-elective procedures. Report the total amount of expenses for 2009. Attach billing statements from the providers and/or insurance summaries that include the following information: the patient’s name, the name of the primary insurance holder, the care provider’s information, gross charges, amount(s) paid by insurance (if any), and the date(s) of treatment. If consideration is desired for elective care, a statement of special circumstances is required.

**K-12 SCHOOL TUITION PAID FOR DEPENDENT CHILDREN:**

The University of Washington regards K-12 private school expenses as discretionary. However, there may be circumstances that compel the family to choose private education. If such a situation impacts your family’s available resources, complete Section III. Report the tuition charges and related expenses. Attach a separate sheet indicating the name and age of the child, the name and location of the school, any break down in tuition and other related costs associated with attendance, and a brief statement explaining why the family considers private school attendance essential.

**PARENT COLLEGE EXPENSES:**

The standard calculation from the FAFSA does not consider the costs associated with parents in college. If your parent of record/stepparent is attending at least half time in a degree seeking program, complete Section III. Report the amount of college expenses for 2009-10. Attach a separate sheet indicating which parent is enrolled, the name and location of the college or university, their degree program, and the expected number of credits enrolled per term in 2009-10. Also indicate whether the parent will receive any financial aid (attach a copy of the award notice), employer reimbursement (state policy and amount), or other assistance related to attendance.



OFFICE OF STUDENT FINANCIAL AID

2009-2010 REVISION REQUEST

REGARDING A CHANGE IN FINANCIAL SITUATION

This box is to be completed by all students

Name \_\_\_\_\_ UW Student #: \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that all information provided on this form is true and complete to the best of my knowledge. If a revision is approved, I agree to report any increase in estimated income or resources to the Office of Student Financial Aid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Section I: CHANGE OF STUDENT (AND/OR SPOUSE, IF MARRIED) INFORMATION:

Report the type, date and nature of change below. See instructions page for clarification. If you are married today (not separated) you must also provide your spouse's income information. We are not able to accept blank as an answer. If the answer is zero or does not apply, please indicate this by using either '0' or N/A. Incomplete forms will be returned to you for clarification.

[ ] CHANGE IN MARITAL STATUS Nature of Change: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

[ ] DECREASE IN INCOME/LOSS OF RESOURCE FOR [ ] STUDENT [ ] SPOUSE:

Date of Change: \_\_\_\_\_ Reasons for Change: \_\_\_\_\_

Table with 3 columns: Description, Estimated/Actual Summer 2009 (7/1/2009-9/30/2009), and Estimated/Actual School Year 2009-10 (10/1/2009-6/30/2010). Rows include Taxable Income (Student's, Spouse's, Other), Untaxed Income and Benefits (Social Security, Child support, etc.), and Other Resources (Scholarships, etc.).

For Office Use Only

- [ ] Summer Income Prorated? How Much? \$ \_\_\_\_\_
[ ] Professional Judgment Used
[ ] Projected Income Better Reflects Circumstances
[ ] Other \_\_\_\_\_ [ ] Student/Spouse Dislocated Worker(s)?

Student Income Used: \$ \_\_\_\_\_
Spouse Income Used: \$ \_\_\_\_\_
AGI: : \$ \_\_\_\_\_
Tax: \$ \_\_\_\_\_
Untaxed Income: \$ \_\_\_\_\_
Exclusion Income: \$ \_\_\_\_\_

Counselor Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Check Prior Yr: \_\_\_\_\_ Decision: Approve/Deny: \_\_\_\_\_

**Section II: CHANGE OF PARENT/STEPARENT INFORMATION:**

Report the type, date and nature of the change below. See instructions page for clarification. If parent is currently married (not separated), include their spouse's income information. We are not able to accept blank as an answer. If the answer is zero or does not apply, please indicate this by using either '0' or N/A. Incomplete forms will be returned to you for clarification.

**[ ] CHANGE IN PARENT (OF RECORD\*) MARITAL STATUS: (WIDOWED, SEPARATED OR DIVORCED):**

Date of change: \_\_\_\_\_ Nature of change: \_\_\_\_\_

\* Your "parent of record" (the parent whose information you must provide) for financial aid purposes is the parent with whom you lived with the most in the 12 months prior to completing your FAFSA. If you did not live with one parent more than the other, your "parent of record" is the parent who provided the most support to you in the last calendar year you received support from either parent. If that parent is married, you must also report stepparent information.

**[ ] DECREASE IN PARENT/STEPARENT INCOME/RESOURCE** (If both parents' income has changed, give reason for each):

Name of Parent with Change: \_\_\_\_\_ Date(s) of change: \_\_\_\_\_  
Reason(s) and nature of change: \_\_\_\_\_

**[ ] OTHER PARENT CIRCUMSTANCES:** Attach a written explanation of your family's situation. Be very specific. We will notify you if we need more information.

<u>TAXABLE INCOME</u>	Parents Estimated/Actual 2009 Income (1/1/2009-12/31/2009)
Mother/step-mother's gross income from work:	\$ _____
Father/step-father's gross income from work:	\$ _____
Other taxable income: (interest, dividends, alimony, capital gains, rental income, unemployment, etc.)	\$ _____
<b><u>UNTAXED INCOME AND BENEFITS</u></b>	
Social Security, TANF/AFDC/SSI/Public Assistance:	\$ _____
Child support to be received:	\$ _____
All other untaxed income and benefits: (disability, housing, etc.)	\$ _____

**Section III: OTHER FAMILY CHANGES:**

**[ ] FAMILY MEDICAL EXPENSES (NOT COVERED BY INSURANCE):**

Total 2009 Medical/Dental Expenses: \$ \_\_\_\_\_

Report the total amount of expenses for 2009. Attach billing statements from the providers and/or insurance summaries that include the following information: the patient's name, the name of the primary insurance holder, the care provider's information, gross charges, amount(s) paid by insurance (if any), and the date(s) of treatment. If consideration is desired for elective care, a statement of special circumstances is required.

**[ ] K-12 SCHOOL TUITION PAID FOR DEPENDENT CHILDREN:**

Total K-12 Private Tuition Paid for dependent: \$ \_\_\_\_\_

Report the tuition charges and related expenses. Attach a separate sheet indicating the name and age of the child, the name and location of the school, any break down in tuition and other related costs associated with attendance, and a brief statement explaining why the family considers private school attendance essential.

**[ ] PARENT COLLEGE EXPENSES:**

Total Parent College Expenses: \$ \_\_\_\_\_

Report the amount of college expenses for 2009-10. Attach a separate sheet indicating which parent is enrolled, the name and location of the college or university, their degree program, and the expected number of credits enrolled per term in 2009-10. Also indicate whether the parent will receive any financial aid, employer reimbursement, or other assistance related for attendance.

**I certify that all information provided on this form is true and complete to the best of my knowledge. If a revision is approved, I agree to report any increase in estimated income or resources to the Office of Student Financial Aid.**

Parent/Stepparent Signature: \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only* Dad Income Used: \$ \_\_\_\_\_ Mom Income Used: \$ \_\_\_\_\_ AGI: \$ \_\_\_\_\_  
Tax Amount: \$ \_\_\_\_\_ Untaxed Income: \$ \_\_\_\_\_ Exclusion Income: \$ \_\_\_\_\_

[ ] Dislocated Worker(s)? [ ] Professional Judgment Used [ ] Projected Income Better Reflects Circumstances [ ] Other: \_\_\_\_\_

Counselor Initials: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Check Prior Yr: \_\_\_\_\_ Decision: Approve/Deny: \_\_\_\_\_