

## **UCSB Financial Aid Office 2009-2010 Request for Review Information Sheet and General Instructions**

The 2009-2010 Request for Review (RFR) process addresses changes in the family financial situation in cases where the information on the 2009-2010 FAFSA and the 2008 tax returns do not represent the family's current financial situation.

### **A 2009-2010 Request for Review can be submitted for the following four situations:**

- A final divorce decree issued after the date the FAFSA was filed
- Loss of employment, loss of social security benefits, loss of child support
- Death of a parent (or spouse of an independent student) after the FAFSA was filed
- Family medical expense paid in 2008 not covered by insurance

### **There are certain situations that cannot be considered in the RFR process, including:**

- Costs associated with life style choices and consumer indebtedness such as mortgage payments, car payments, credit card purchases and other discretionary expenses incurred in many households
- Medical expenses incurred but not paid in 2008 and 2008 projected medical costs
- One-time income from of an inheritance, gambling winnings, pension, capital gain, insurance settlement, or early distribution of retirement accounts
- Formal or informal separations that occur after the FAFSA is filed will not be considered until the divorce decree is finalized

### **General instructions for submitting a request for review:**

1. Determine if your circumstance falls under one of the situations that we can consider for 2009-2010. If it is not one of the four listed above, and is not one of the excluded situations, you may submit a letter describing your special circumstances.
2. Print and complete the appropriate 2009-2010 Request for Review Form. Complete all sections of the form and attach all required documentation and any additional information that would help us understand your situation. Sign and date the form.
3. If we have not asked for a copy the Dependent or the Independent Verification Worksheet and your tax returns, please submit the following with the Request for Review:
  - The Dependent or Independent Verification Worksheet can be downloaded and printed at [http://www.finaid.sa.ucsb.edu/Forms\\_Verification.asp](http://www.finaid.sa.ucsb.edu/Forms_Verification.asp). If parental information was required to submit the FAFSA, complete the Dependent Verification Worksheet. If parental information was not required (graduate students and students over 24), complete the Independent Verification Worksheet.
  - Student and parent tax returns and employer provided W2s. The Verification Worksheet contains instructions for submitting tax returns.
4. Mail the form and any additional information to the UCSB Financial Aid Office at the address on the top of the form. We do not accept faxed documents.

The UCSB Financial Aid Office strives to serve all students. We will give priority processing to all students that were selected for verification before we review special circumstances.

**THE DEADLINE TO SUBMIT A REQUEST FOR REVIEW IS FEBRUARY 26, 2010**

Date Received:	
Logged in by:	
Evaluated by:	
Evaluated on:	

## 2009-2010 REQUEST FOR REVIEW DUE TO DEATH OF A PARENT OR A SPOUSE UC SANTA BARBARA FINANCIAL AID OFFICE

### A. Student Information

_____			Perm Number
_____	_____	_____	_____
Last Name (Print)	First Name	M.I.	Social Security Number
_____			_____
Address (Include apartment number)			E-mail Address
_____	_____	_____	_____
City	State	Zip Code	Phone Number (Include area code)

**This form is to be used when there has been a death of a student's parent(s) or spouse listed on the initial FAFSA**

Name of Deceased Parent/Spouse: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### B. Required Documentation

	Attached	Previously Submitted
▪ <a href="#">Dependent Verification Worksheet</a> or <a href="#">Independent Verification Worksheet</a>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Student and/or parent 2008 federal tax return(s) and W-2(s)	<input type="checkbox"/>	<input type="checkbox"/>
▪ A copy of the last 2008 pay stub(s) of the deceased	<input type="checkbox"/>	
▪ A copy of the certified death certificate	<input type="checkbox"/>	
▪ <b>A letter that explains the reason for your request, with</b>	<input type="checkbox"/>	
▪ Details of the loss of income and benefits, and		
▪ Amounts of social security and other benefits that will be awarded to the parent and/or student as survivors or beneficiaries		

### C. Signatures

My signature certifies that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form, if requested. I realize giving false information may result in a fine, prison sentence, or both. The Secretary of Education has the authority to verify information reported on this application.

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

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