

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. 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 MEDICAL EXPENSES

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 for out-of-pocket medical expenses for the 2008 calendar year that were not covered by insurance

B. Required Documentation

- | | | |
|----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Attached | Previously Submitted |
| ▪ Dependent Verification Worksheet or Independent Verification Worksheet | <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 letter that explains the reason for your request , with | <input type="checkbox"/> | |
| ▪ Information on who is ill or injured and the type of treatment necessary | | |

C. Summary of Costs Summarize your costs using the table below

Health Care Cost for 2008	Amount
Health Insurance	\$ _____
Doctors	\$ _____
Dentists	\$ _____
Orthodontist	\$ _____
Hospital	\$ _____
Prescriptions and Other Medications	\$ _____
Other: _____	\$ _____
Total (this must equal the total of the line below)	\$ _____
Total of Schedule A line 1 of your 2008 IRS Form 1040	\$ _____

D. 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** _____