

**UNIVERSITY OF MONTEVALLO**  
**Office of Student Financial Services**  
Station 6050  
Montevallo, AL 35115  
Telephone: (205) 665-6050  
Fax: (205) 665-6047

**STUDENT RE-EVALUATION REQUEST FORM FOR 2009-2010**  
**Read and Carefully Follow Instructions**  
**Incomplete Information Will Not Be Accepted**

If since filing the Free Application for Federal Student Aid (FAFSA), you have had a change in circumstances which has affected your ability to pay for college, complete this form and **provide the appropriate documentation**. If you have not already done so, you must submit a signed copy of your 2008 federal tax return and W-2 form(s); the same is needed from parents or spouse if applicable. You must also complete a Verification Worksheet before your file can be reviewed.

Name \_\_\_\_\_ Student ID \_\_\_\_\_

E-mail Address \_\_\_\_\_ Campus Box \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's/Spouse's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

**Complete the section that applies to your situation.**

**1. Loss/change of job for at least ten weeks**

Which person experienced a loss of, or changes in income?

\_\_\_ father/step; \_\_\_ mother/step; \_\_\_ student; \_\_\_ student's spouse

Effective date \_\_\_\_\_

Reason \_\_\_ job change; \_\_\_ retirement; \_\_\_ termination;

\_\_\_ Other; Explain \_\_\_\_\_

Estimate of 2009 gross income from **all** sources for

Father/step father: \$ \_\_\_\_\_

Mother/step mother \_\_\_\_\_

Student \_\_\_\_\_

Student's Spouse \_\_\_\_\_

**VERIFY ESTIMATED INCOME WITH DOCUMENTATION!!!**

**(Submit most recent pay stub from new employer, last pay stub from terminated position, verification of unemployment benefits, retirement income, severance pay, etc.)**

**2. Loss of untaxed income/benefits (child support, unemployment, etc.) for at least ten weeks**

Person receiving the benefits: \_\_\_ parent; \_\_\_ student; \_\_\_ student's spouse

Type of benefits affected \_\_\_\_\_ Date of Change \_\_\_\_\_

Amount received from January 1, 2009 to present: \$ \_\_\_\_\_

Amount to be received from present to December 31, 2009: \$ \_\_\_\_\_

**ATTACH DOCUMENTATION TO VERIFY LOSS!!**

**3. Separation for at least ten weeks/Divorce or Death**

Complete this section if separation, divorce or death occurred after the FAFSA was completed.

Date of Separation/Divorce of Parents \_\_\_\_\_

Date of Death of Parent \_\_\_\_\_

Who is the primary parent now \_\_\_ Father; \_\_\_ Mother

Date of Separation/Divorce of Spouse \_\_\_\_\_

Date of Death of Spouse \_\_\_\_\_

**ATTACH DOCUMENTATION OF SEPARATION/DIVORCE OR DEATH.**

**CERTIFICATION**

By signing below, I affirm that the information provided is true and complete to the best of my knowledge. I understand that submission of the information means that my file and current circumstances will be reviewed and that it does not guarantee that there will be an increase in my financial aid package.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Spouse \_\_\_\_\_ Date \_\_\_\_\_

|                        |                      |       |
|------------------------|----------------------|-------|
| <b>OFFICE USE ONLY</b> |                      |       |
| Approved Changes       | _____                |       |
| _____                  | _____                |       |
| Request Denied         | _____                | _____ |
|                        | Director's Signature | Date  |