



Independent
Student

2006-2007 REQUEST FOR RE-EVALUATION

To process a re-evaluation of your application for financial aid based on a change of your / spouse's financial situation, you must provide additional information and documentation. Information on this form, on your 2006-2007 Free Application for Federal Student Aid (FAFSA), and any supporting documentation will be used to determine whether eligibility for financial aid can be recalculated.

Student's Name: _____ Hofstra ID _____ Social Security # ____ - ____ - ____

Permanent Address: _____ Phone # () _____

Local Address: _____ Phone # () _____

1. Submit a **signed** copy of your / spouse's 2005 federal income tax return including all schedules **and** the enclosed Independent Verification Worksheet.
2. Provide a written explanation and full documentation to support your request i.e. copy of last pay stub, unemployment benefits, letter of termination from employer, letter regarding termination of Social Security benefits, copy of death certificate, etc.

Circle the appropriate condition (A, B, C, or D) below:

- A. You or your spouse earned money in 2005 but have lost this income in 2006. This may be a result of a Disability, natural disaster or recent termination of employment.
- B. You or your spouse received unemployment compensation or some untaxed income benefit in 2005 and lost that income or benefit in 2006 (e.g. child support, social security benefits, etc.)
- C. You or your spouse have already applied for student aid and since that time, you have separated, divorced or have been widowed
- D. You or your spouse have experienced a significant change in your financial situation that did not result from one of the above listed conditions. Clearly define the change in financial circumstances in writing, attach this completed form and return to this office.

******Complete and Sign the reverse side of this form**

STUDENT/SPOUSE EXPECTED INCOME FOR THE 2006 CALENDAR YEAR

Report annual total income for 1/2006 - 12/2006 amounts for the year, not monthly amounts

- A. Expected 2006 **gross** income to be earned by student \$ _____
- B. Expected 2006 **gross** income to be earned by spouse \$ _____
- C. Expected 2006 income earned from unemployment compensation \$ _____
- D. Expected 2006 other taxable income (what kind _____) \$ _____
- E. Expected 2006 untaxed income and benefits:
- 1. Social Security Benefits \$ _____
 - 2. Aid to Families with Dependent Children (AFDC) \$ _____
 - 3. Child Support received for *all children* \$ _____
 - 4. Other Untaxed Income and Benefits (what kind _____) \$ _____

Please indicate when the event occurred month____ day____ year_____

CERTIFICATION

All information on this form and attached statements is true and complete to the best of my knowledge.

Student signature: _____ Date: _____

Spouse's signature: _____ Date: _____

RETURN TO:

**Office of Financial Aid
Memorial Hall / Room 202
126 Hofstra University
Hempstead, NY 11549**