



HOFSTRA  
UNIVERSITY™

Independent  
Student

## 2008-2009 REQUEST FOR RE-EVALUATION

To process a re-evaluation of your application for Federal 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 2008-2009 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# 7 \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Permanent Address: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Local Address: \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

1. Submit a **signed** copy of your / spouse's 2007 federal income tax return (and 2008 if filing Request for Re-evaluation after January 1<sup>st</sup> 2009) including all schedules, W2 forms **and** the enclosed Independent Verification Worksheet.
2. Provide a **signed** 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 2007 but have lost this income in 2008. 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 2007 and lost that income or benefit in 2008 (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.

Please indicate the date the event occurred: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

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

## STUDENT/SPOUSE EXPECTED INCOME FOR THE 2008 CALENDAR YEAR

**Report estimated annual total income for 1/2008 - 12/2008. Amounts must be for the year, not monthly amounts.**

**If the answer is zero, write "0" do not leave blank**

- A. Expected 2008 **gross** income to be earned by student \$ \_\_\_\_\_
- B. Expected 2008 **gross** income to be earned by spouse \$ \_\_\_\_\_
- C. Expected 2008 income earned from unemployment compensation \$ \_\_\_\_\_
- D. Expected 2008 other taxable income (what kind \_\_\_\_\_) \$ \_\_\_\_\_
- E. Expected 2008 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 \_\_\_\_\_) \$ \_\_\_\_\_

## CERTIFICATION

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

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**RETURN TO:**

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