2010-2011 Request for Re-evaluation

This form can be used to request a review of federal financial aid when there is a significant reduction in family income or when there are present extenuating financial circumstances. Please note that you cannot submit this form unless you have a complete and valid 2010-2011 Free Application for Federal Student Aid (FAFSA) that is on file with Hofstra.

To help us determine if any adjustment can be made to your federal financial aid awards, please submit the following:

1) **Signed and completed 2010-2011 Request for Re-evaluation Form**

2) **Verification Documents:** (if filing after January 1st 2011, 2010 tax returns are required)
   
   A. SIGNED copies of student (and spouse) 2009 U.S. Federal Income Tax forms & all schedules
   
   B. Copy of student (and spouse) 2009 W2 forms
   
   C. Independent 2010-2011 Verification Worksheet (attached)

3) Applicable **Required Documentation**, as outlined below, for the special circumstance that you report in Section I:

   A. **Involuntary Loss of Employment**
      
      i. Copy of termination notice or a statement from employer indicating last date of employment and the reason for the loss of employment (i.e. termination, layoff, disability, retirement, company closing or plant shutdown)
      
      ii. Most recent pay stubs (including the last pay stub)
      
      iii. Section II of this form

   B. **Loss of Untaxed Income/Benefits**
      
      i. Proof of your loss of untaxed income from appropriate agency
      
      ii. Most recent pay stubs (including the last pay stub)
      
      iii. Section II of this form

   C. **Separation/Divorce** — Signed copy of the entire divorce/separation document

   D. **Death** — Copy of death certificate

   E. **Excessive medical expenses paid** — A detailed cover letter and either a) a copy of the federal tax return Schedule A or b) copies of the receipts showing the amounts you and/or your spouse paid (please note that if you are filing due to medical expenses incurred with insurance, the receipts/documents need to clearly illustrate the amount paid by insurance and the amount paid out-of-pocket)

Return all applicable documentation to:
Office of Student Financial Services (Financial Aid), 126 Hofstra University, 206 Memorial Hall, Hempstead, NY 11549-1260. If you are uncertain as to whether your situation can be considered for review or have questions about the review process, please contact us at (516) 463-8000.
SECTION I – Special Circumstance
Please check all that apply:

_____ A. Loss of Employment
You or your spouse, who earned money in 2009, has lost employment for at least 10 weeks in 2010, because of termination, layoff, disability, retirement, company closing or plant shutdown.
Name of unemployed person: __________________________________________
Date unemployment began: _____/_____/_____  
If applicable, date returned to work: _____/_____/_____  

_____ B. Loss of Other Income/Benefits
You or your spouse who received income in 2009 has completely lost that income for at least 10 weeks in 2010. The income must be from a public or private agency, or a company or a person ordered by the court to provide that income such as taxable Social Security benefits, untaxed court-ordered child support, untaxed retirement or disability benefits, or Temporary Assistance for Needy Families (TANF).
Name of person(s) who lost the benefit: __________________________________
Type of benefit lost: ________________________________________
Date benefit last received: _____/_____/_____  

_____ C. Separation/Divorce
You have separated or divorced AFTER you filed the Free Application for Federal Student Aid (FAFSA). Separation or divorce must be prior to January 1, 2011.
Date of separation/divorce: _____/_____/_____  

_____ D. Death
Your spouse has died after you have filed the Free Application for Federal Student Aid (FAFSA).
Name of deceased: __________________________________________
Date of death: _____/_____/_____  

_____ E. Excessive medical expenses paid
You, your spouse or your dependent as listed on the FAFSA have incurred unusually high uninsured or unreimbursed medical, optical, and/or dental expenses (including insurance premiums) that are in excess of 11% of the total Adjusted Gross Income reported on the 2010-2011 FAFSA.
### SECTION II – 2010 Estimated Income

This information is to be completed by the student and spouse, if applicable. List the names of all the places where you (and your spouse) have worked during 2010, along with total earnings to date before taxes. Please report your total taxable and untaxed income beginning January 1, 2010, through today’s date in Column B. Please list your estimated total taxable and untaxed income from tomorrow’s date through December 31, 2010, in Column C. **Do not leave questions blank;** enter the appropriate numbers or “0” when no income is received.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Employer/Company or Source of Income</td>
<td>Actual Income from 01/01/2010 to Today’s Date</td>
<td>Estimated Income from Tomorrow through 12/31/2010</td>
<td>Total 2010 Income (column B+C)</td>
</tr>
<tr>
<td>Student’s wages:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Student’s unemployment compensation:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Spouse’s wages:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Spouse’s unemployment compensation:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Severance Pay:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other taxable income which may include interest or dividend income, alimony, business or farm income, pensions, annuities, taxable social security:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF):</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child support <em>received for all children:</em></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other untaxed income and benefits (i.e. disability; workmen’s compensation; payment to tax deferred pension and savings plans such as 401(K) or 403(B) plans; housing, food or other living allowances; maintenance income from a separated spouse; cash support given to you and/or bills paid by others on your behalf):</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
SECTION III -- Explanation of Circumstances

Use this space below to provide a detailed explanation of the circumstances that will prevent you or your spouse from earning or receiving an amount similar to 2009 income. Attach additional sheets if necessary. Failure to provide complete explanations and documentation will result in the termination of this request.

________________________________________________________________________

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________________________________________________________________________

SECTION IV -- Certification

I (we) certify that all the information and documentation is accurate and complete. I (we) agree to provide additional documentation if it is requested. I (we) understand that reporting of inaccurate or incomplete information could result in a change/loss of financial aid that has already been awarded.

Student’s signature: ___________________________ Date: ___________________________

Spouse’s signature: ___________________________ Date: ___________________________
URGENT!

You have been selected for verification of the information reported on your FAFSA. Below, you will find a checklist to help avoid delays. Submit this information to the Office of Student Financial Services (Financial Aid) immediately since federal aid is estimated until this process is complete. Failure to complete verification in a timely manner may lead to cancellation of aid. Upon review of the documentation you submit, additional information may be required; notification of such will be made as quickly as possible. You will be notified if FAFSA corrections result in changes/cancellation of award(s).

1. Submit the completed 2010/2011 Independent Verification Form. Make sure the form is signed. This form is four-sided and needs to be filled out completely; if the answer is zero write “0”, do not leave blank.

2. If the number in household and/or college you are reporting now on the Verification Worksheet does not match the number(s) you reported on the FAFSA, submit a signed written statement of explanation.

3. Submit your/spouse 2009 signed Federal Tax Return(s) and W2 forms if filed. Do not submit originals, we must retain copies in the student file; unnecessary pages will be shredded. If you do not have a copy of your return, you may request a tax transcript by calling the IRS at 1-800-829-1040.
   NOTE: All forms submitted (including those filed electronically, prepared by a tax preparer and tax transcripts) must have a wet signature.

4. Submit Schedule E of 2009 Federal Tax Return(s), if filed.

Return documents to:
Office of Student Financial Services
206 Memorial Hall
126 Hofstra University
Hempstead, NY 11549-1260

Questions?
Call (516) 463-8000 and a Student Financial Services representative will be happy to assist you.
Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with signed copies of your (and your spouse's, if you are married) 2009 Federal tax forms, or with W-2 forms or other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

Complete this verification form and submit it to your financial aid administrator as soon as possible, so that your financial aid won't be delayed. Your financial aid administrator will help you.

What you should do

1. Collect your (and your spouse's) financial documents (signed Federal income tax forms, W-2 forms, etc.).
2. Talk to your financial aid administrator if you have questions about completing this worksheet.
3. Complete and sign the worksheet.
4. Submit the completed worksheet, tax forms, and any other documents your school requests to your financial aid administrator.
5. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your application. You or your school may need to make corrections electronically or by using your SAR.

A. Student Information

Last name                  First name        M.I.
Social Security Number / HU ID
Address (Include apt. no.)
City            State            ZIP Code
Date of birth
Phone number (include area code)
Cell phone number (include area code)

B. Family Information

List the people in your household, including:
- yourself, and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2010 through June 30, 2011, even if they do not live with you, and;
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2010 and June 30, 2011, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martha Jones (example)</td>
<td>24</td>
<td>Wife</td>
<td>City University</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0041. The time required to complete this information collection is estimated to average 20 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-5345.
C. Student's Tax Forms and Income Information (all applicants)

1. Check only one box below. Tax returns include the 2009 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of your tax return, request a copy from your tax preparer or request an Internal Revenue Service form that lists tax account information.

☐ Check here if you are attaching a signed copy of your tax return.
☐ Check here if a signed tax return will be submitted to the school by ______________ (date).
☐ Check here if you will not file and are not required to file a 2009 U.S. Income Tax Return.

2. Funds received for child support and other untaxed income. (See Question 45 of the Free Application for Federal Student Aid (FAFSA))

<table>
<thead>
<tr>
<th>Sources of Untaxed Income</th>
<th>2009 Amount</th>
<th>Sources of Untaxed Income</th>
<th>2009 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Child Support</td>
<td>$</td>
<td>d.</td>
<td>$</td>
</tr>
<tr>
<td>b. Workman's Compensation</td>
<td>$</td>
<td>e.</td>
<td>$</td>
</tr>
<tr>
<td>c. Untaxed Pensions</td>
<td>$</td>
<td>f.</td>
<td>$</td>
</tr>
</tbody>
</table>

3. If you did not file and are not required to file a 2009 Federal income tax return, list below your employer(s) and any income received in 2009 (use the W-2 form or other earnings statements if available).

<table>
<thead>
<tr>
<th>Sources</th>
<th>2009 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

D. Spouse's Tax Forms and Income Information (if student is married)

1. Check only one box below. Tax returns include the 2009 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If your spouse did not keep a copy of the tax return, request a copy from the tax preparer or request an Internal Revenue Service form that lists tax account information.

☐ Check here if you are attaching a signed copy of your and your spouse's joint tax return.
☐ Check here if your spouse's tax return if your spouse filed a separate return.
☐ Check here if a signed spouse's tax return will be submitted to the school by ______________ (date).
☐ Check here if your spouse will not file and is not required to file a 2009 U.S. Income Tax Return.

2. Funds received for child support and other untaxed income. (See Question 45 of the FAFSA)

<table>
<thead>
<tr>
<th>Sources of Untaxed Income</th>
<th>2009 Amount</th>
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<td>$</td>
<td>e.</td>
<td>$</td>
</tr>
<tr>
<td>c. Untaxed Pensions</td>
<td>$</td>
<td>f.</td>
<td>$</td>
</tr>
</tbody>
</table>

3. If your spouse did not file and is not required to file a 2009 Federal income tax return, list below your spouse's employer(s) and any income received in 2009 (use the W-2 form or other earnings statements if available).

<table>
<thead>
<tr>
<th>Sources</th>
<th>2009 Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

E. Sign this Worksheet

Each person signing this form certifies that all the information reported on it is complete and correct. If married, spouse's signature is optional.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student ___________________________ Date ____________

Spouse ___________________________ Date ____________

Do not mail this worksheet to the Department of Education. Submit this worksheet to your Financial Aid Administrator at your school. Don't forget to sign your tax forms.
Use the Tables Below to Report Annual Amounts
Report the total amounts received in 2009 **not** monthly amounts.
If the amount is zero, write “0”, **do not leave blank.**

<table>
<thead>
<tr>
<th>STUDENT’S 2009 Additional Financial Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Education Credits (Hope and Lifetime Learning tax credits (from IRS Form 1040 – line 49 or 1040A – line 31) $</td>
</tr>
<tr>
<td>b. Child support paid by you or your spouse because of divorce or separation or as a result of a legal requirement. (Don’t include support for children in your household) $</td>
</tr>
<tr>
<td>c. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of Fellowships and assistantships. $</td>
</tr>
<tr>
<td>d. Grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. $</td>
</tr>
</tbody>
</table>
| e. Combat pay or special combat pay.
  Only enter the amount that was taxable and included in your adjusted gross income. $ |
| f. Earnings from work under a cooperative program offered by a college (do not include any earnings from a Hofstra work program) $ |

<table>
<thead>
<tr>
<th>2009 Untaxed Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. $</td>
</tr>
<tr>
<td>b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + Line 32 or 1040A – line 17. $</td>
</tr>
</tbody>
</table>
| c. Child support received for **all children**.
  (Don’t include foster care or adoption payments). $ |
| d. Tax exempt interest income from IRS Form 1040 - line 8b or 1040A - Line 8b. $ |
| e. Untaxed portions of IRA distributions from IRS Form 1040 – lines 15a minus 15b or 1040A – lines 11a minus 11b. Exclude rollovers, if negative, enter “0” $ |
| f. Untaxed portions of pensions from IRS Form 1040 lines 16a minus 16b or 1040A lines 12a minus 12b. Exclude rollovers. If negative, enter “0”. $ |
| g. Housing, food and other living allowances paid to members of the Military, clergy and others (including cash payments and cash value of benefits). $ |
| h. Veterans non-education benefits such as Disability Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. $ |
| i. Other untaxed income not reported, such as workers’ compensation, disability, etc. (Don’t include student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay, if you are a not a tax filer), benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. $ |
| j. Money received, or paid on you behalf (e.g. bills), not reported elsewhere on this form. $ |

Were you (your household) supported in 2009 by any form of income reported below?
(do not include income already reported somewhere else on this form)

___ yes ___ no

Student financial aid, welfare, any kind of Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are a not a tax filer), benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.