

2010-2011 Reevaluation Request

Student's Name: _____ ID Number: _____
 Student's Social Security Number: _____ Program/Major: _____

In order to process your budget reevaluation request please fill out the expenses and income information for the 2010/11-award year. You will have to submit copies of receipts as documentation of your expenses such as a lease, mortgage statement and other receipts as required. We will notify you if further information is needed to determine the student's eligibility. Do not leave any blanks; enter "0" or "N/A" where appropriate.

<u>EXPENSES</u>	2010/11 Expected Monthly	2010/11 Expected 9 Month Total
1. Rent	\$ _____	\$ _____
2. Mortgage payment	\$ _____	\$ _____
3. Utilities:		
a. Gas	\$ _____	\$ _____
b. Electricity	\$ _____	\$ _____
c. Telephone	\$ _____	\$ _____
d. Trash	\$ _____	\$ _____
e. Water	\$ _____	\$ _____
4. Insurance:		
a. Rental	\$ _____	\$ _____
b. Homeowner's	\$ _____	\$ _____
c. Automobile	\$ _____	\$ _____
d. Life	\$ _____	\$ _____
e. Other _____	\$ _____	\$ _____
5. Food	\$ _____	\$ _____
6. Clothes	\$ _____	\$ _____
7. Transportation:		
b. Gasoline	\$ _____	\$ _____
c. Maintenance	\$ _____	\$ _____
d. Repair	\$ _____	\$ _____
e. Other _____	\$ _____	\$ _____
8. Recreation	\$ _____	\$ _____
9. Medical/Dental	\$ _____	\$ _____
10. Other _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
	(monthly)	(9 Month)

I, the student, request the Office of Financial Aid to reevaluate my expenses based on the information stated on this form and the documentation submitted. I understand that further documentation may be requested for validation.

Student Signature: _____ Date: _____

Parent Signature: [If dependent student] _____ Date: _____