



## 2015-2016 REQUEST FOR REVIEW OF FINANCIAL AID AWARD

If your family's financial situation changes significantly after your application for financial aid is processed, you or your parent(s) may request a review of your financial aid award. Deadlines are strictly adhered to.

Examples of situations that we review include extended unemployment (10 weeks or longer), extraordinary uninsured medical expenses, and changes in family size or sibling educational costs. Also, if there is additional information that you did not indicate in the application process that you would like us to consider, you can include it in this review request. Use this Review Form only if you find that the total financial aid offered you, including scholarship and the loan/job eligibility, is insufficient to assist you in covering your educational costs.

In order for us to adjust your financial aid award, you must demonstrate how the information might affect your family's ability to contribute toward your educational costs. You must also attach any applicable documentation that substantiates and explains the circumstances that you are presenting. If you are unsure of how to complete this form, contact us at the above phone number or at [www.yale.edu/sfs/contactus](http://www.yale.edu/sfs/contactus).

### SUBMISSION DEADLINE

Date Request Submitted	Period for which adjustments in aid will be considered
Before November 12, 2015	2015-2016 academic year
Before March 1, 2016	Spring 2016 semester only

**ATTENTION CONTINUING STUDENTS:** We will begin evaluation of 2015-2016 review requests after August 1. This means that in order to avoid any late charges to your student account, you should make appropriate arrangements to meet the August 1 fall billing due date based on your original financial aid decision.

### SECTION I: STUDENT AND PARENT INFORMATION

**Student's Name:** \_\_\_\_\_

**Yale I.D. Number:** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

#### STUDENT:

**E-mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

#### PARENT(S):

**E-mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## SECTION II: INCOME UPDATE

Awards for the 2015-2016 academic year are normally based on 2014 income. If your family's total income for 2015 will be significantly lower, complete this section. If this section does not apply to your situation, skip to Section III.

Reason for Reduced Income: \_\_\_\_\_

Projected Income Sources	2015 Estimate	2016 Estimate
Wages, Mother (Attach copy of most recent pay stub)	\$	\$
Wages, Father (Attach copy of most recent pay stub)	\$	\$
Interest Income	\$	\$
Dividend Income	\$	\$
Tax Refunds	\$	\$
Unemployment Benefits/Worker's Compensation	\$	\$
Severance Pay, Compensation for Unused Benefits (vacation time, sick time, etc)	\$	\$
Social Security Benefits (Total Received for parents and their dependent children)	\$	\$
Pension/Annuity Income	\$	\$
Alimony	\$	\$
Housing, food, and other living allowances (military, clergy, cash from friends and family)	\$	\$
Rental Income (gross income less expenses other than depreciation)	\$	\$
<b>You will need to submit a copy of the applicable 2015 federal tax returns by February 15, 2016 so that we can verify your projections.</b>		

Self-Employment/Business/Farm Income and Assets	2015 Estimate	2016 Estimate
Business/Farm/Self-Employment Income (gross income less expenses other than depreciation)	\$	\$
Current Business/Farm Value: \$		
Current Business/Farm Debt: \$		

## SECTION III: OTHER FAMILY EXPENSES

If there have been changes in expenses beyond your family's control since you completed the CSS Profile Application, complete this section. If this section does not apply to your situation, skip to Section IV.

Type(s) of Expenses:

- Unreimbursed medical expenses  
  Uninsured losses  
  Funeral expenses  
  Other (explain in Section VII)

Itemize all expenses in the space provided in Section VII and attach documentation and any additional explanation that will help us to better understand the situation.

## SECTION IV: PARENT ASSET UPDATE

If there are significant differences in the asset figures you provided on the CSS Profile Financial Aid Application and the net current value, complete the following section and provide an explanation for the change in Section VII. If this section does not apply to your situation, skip to Section V.

	Reported Net Value	Current Net Value
Cash, Savings, and Checking	\$	\$
Home	\$	\$
Investments (Please itemize each investment*)		
Name of Investment:	\$	\$
Name of Investment:	\$	\$
Name of Investment:	\$	\$
Other Real Estate (Please itemize each property*)		
Address:	\$	\$
Address:	\$	\$
Address:	\$	\$
Other Assets (Please itemize each asset*)		
Asset Name:	\$	\$
Asset Name:	\$	\$
Asset Name:	\$	\$

\* (Attach an additional sheet if necessary.)

## SECTION V: CHANGES IN FAMILY SIZE

If the number of family members dependent upon your parents for support has changed since you completed the CSS Profile, explain in Section VII. You should indicate the name, age and relationship of each new family member for whom your parents will provide more than one half of their support.

## SECTION VI: RECENT DIVORCE OR SEPARATION

The noncustodial parent must also complete the Noncustodial Parent Statement and submit the completed form to Student Financial Services. You can access this form at [www.yale.edu/financialaid](http://www.yale.edu/financialaid) from your student home page.

Date of Separation: _____	Date of Divorce: _____
Which parent is now the custodial parent?	Mother                  Father
How many people reside in the custodial parent's household (including the student and the parent)? _____	
Noncustodial Parent Name: _____	Noncustodial Parent Address: _____
Noncustodial Parent Phone Number: _____	
Noncustodial Parent Monthly Rent/Mortgage Payment: _____	

**SECTION VII: ADDITIONAL INFORMATION AND EXPLANATION**

Use the following space to present any other factors that you think should be considered as a part of your review. If you need additional space, attach a separate page.

**SECTION VIII: CERTIFICATION**

I certify that all the information on this form is true and complete as of this date. I understand that Student Financial Services (SFS) may request additional documentation in support of any information provided on this form. I also understand that if SFS uses this information to make an adjustment to the student's financial aid award, the award will be provisional until we provide a copy of our 2015 federal tax return which must be submitted by February 15, 2016. I also realize that the review of the 2015 tax return may result in a change in the provisional award.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT FINANCIAL SERVICES USE ONLY**

Review Date: \_\_\_\_\_

- Award adjusted                       Award not adjusted                       Additional Information Requested

	<u>Original</u>	<u>Adjusted</u>
Grant:	\$ _____	\$ _____
Loan:	\$ _____	\$ _____
Work Study	\$ _____	\$ _____
Yale Scholarship	\$ _____	\$ _____

Comments:

RHACOMM, RRAAREQ updated

Initials: \_\_\_\_\_