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STUDENT NAME

UMass Global ID NUMBER

You may request reconsideration of your financial aid award if your family's financial circumstances have changed significantly or you have special circumstances that were not reported on your initial financial aid application. Changes resulting from this review do not guarantee an increase in aid.

What is the change in circumstance? (check all that apply)

	Termination or other employment change	Elder care expenses
	Retirement or Disability	Child care expenses
	Loss of untaxed income (child support, SSI, etc)	Disability expenses
	Recent divorce or separation	Other (explain in personal statement)
	Medical/dental bills not covered by insurance	

Supporting documentation included (check all that apply)

	Severance letter	Medical/dental bills showing unreimbursed amount
	Most recent paystub showing changed salary	Disability benefits statement
	Final paystub from previous employer	Child care expense receipts
	Unemployment benefits statement	Other
	2019 Federal Income Tax Return	

Do you (or someone in your household) receive any of the following assistance? If yes, please provide documentation of benefits

	Medicaid or Supplemental Security Income (SSI)	Temporary Assistance for Needy Families (TANF)
	Supplemental Nutrition Assistance Program (SNAP)	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
	Free or Reduced Price School Lunch	

Personal Statement:

Attach a personal statement explaining your circumstances. Please provide as much detail as possible to help us better understand your changed financial situation.

Substantial changes in 2020 and/or 2021 income:

If your review request is based on a substantial **change to your parent(s) income in 2020:**

- Include a copy of your parent(s) 2020 federal tax return along with your documentation.

If your review request is based on a substantial **change to your parent(s) income in 2021:**

- Itemize below all sources of income, both taxed and untaxed, that you expect to receive in 2021. Use pre-tax income figures and include a number for each item; if the amount is zero, put \$0.

Anticipated 2021 income source:

2021 pre-tax amount:

Parent 1 wages, salaries, tips (Parent name: _____)	\$ _____
Parent 2 wages, salaries, tips (Parent name: _____)	\$ _____
Interest income or dividends	\$ _____
Alimony received	\$ _____
Net income from business or farm	\$ _____
Net rental income (or loss)	\$ _____
Pensions, annuities, royalties, partnerships, estates, trusts, etc.	\$ _____
IRA distributions	\$ _____
Capital gains (or losses)	\$ _____
Unemployment compensation, severance pay, etc.	\$ _____
Other taxable income (specify sources: _____)	\$ _____
Child support received	\$ _____
Contribution to tax-deferred retirement plans (401k, 403b, etc.)	\$ _____
Untaxed disability income or Social Security Income	\$ _____
Other untaxed income (specify sources: _____)	\$ _____
TOTAL:	\$ _____

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION. I UNDERSTAND THAT UNDERESTIMATING PROJECTED INCOME COULD RESULT IN REDUCED ELIGIBILITY AND/OR REPAYMENT OF AID AND/OR DENIAL OF FUTURE REVIEWS/APPEALS.

STUDENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

Submit completed form with supporting documents through the student portal. OR:
 Fax: 866-659-1147 Mail: UMass Global, Financial Aid Office, Third Floor 16355 Laguna Canyon Rd, Irvine, CA 92618