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**STUDENT NAME**

**UMass Global ID NUMBER**

You may request reconsideration of your financial aid award if your 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)**

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

**Supporting documentation included (check all that apply)**

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Severance letter                           | <input type="checkbox"/> | Medical/dental bills showing unreimbursed amount |
| <input type="checkbox"/> | Most recent paystub showing changed salary | <input type="checkbox"/> | Disability benefits statement                    |
| <input type="checkbox"/> | Final paystub from previous employer       | <input type="checkbox"/> | Child care expense receipts                      |
| <input type="checkbox"/> | Unemployment benefits statement            | <input type="checkbox"/> | Other  |
| <input type="checkbox"/> | 2021 Federal Income Tax Return             | <input type="checkbox"/> |  |

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

|                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Medicaid or Supplemental Security Income (SSI)   | <input type="checkbox"/> | Temporary Assistance for Needy Families (TANF)                                |
| <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> | Free or Reduced Price School Lunch               | <input type="checkbox"/> |   |

**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 2021 and/or 2022 income:**

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

- Include a copy of your 2021 federal tax return along with your documentation.

If your review request is based on a substantial **change to your income in 2022:**

- Itemize below all sources of income, both taxed and untaxed, that you expect to receive in 2022. Use pre-tax income figures and include a number for each item; if the amount is zero, put \$0.

**Anticipated 2022 income source:**

**2022 pre-tax amount:**

|   |    |
|---|----|
| Student's wages, salaries, tips                                     | \$ |
| Spouse's wages, salaries, tips                                      | \$ |
| 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: )                            | \$ |
| <b>TOTAL:</b>   | \$ |

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 SIGNATURE (wet signature)

\_\_\_\_\_  
DATE

Submit completed form with supporting documents via the Student Portal or by:  
Fax: 866-659-1147 Mail: UMass Global, Financial Aid Office, Third Floor 16355 Laguna Canyon Rd, Irvine, CA  
92618