

2021-2022 STUDENT REVIEW

STUDENT NAME	LIMass Global ID NI IMBER

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)

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)
Supplement	al Nutrition Assistance Program	Special Supplemental Nutrition Program for
(SNAP)		Women, Infants, and Children (WIC)
Free or Redu	uced 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 income in 2020**:

- Include a copy of your 2020 federal tax return along with your documentation.

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

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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:	\$
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 SIGNATURE	DATE
Submit completed form with supporting documents via the Student Portal or by:	

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Fax: 866-659-1147 Mail: UMass Global, Financial Aid Office, Third Floor 16355 Laguna Canyon Rd, Irvine, CA 92618