

REQUEST FOR REVIEW OF FINANCIAL NEED

Projected Year Income/Benefits Instructions

The Financial Aid Office is granted authority by federal law (Public Law 102-325, Sec 479(A)) " . . . on the basis of adequate documentation, **to make adjustments on a case by case basis** to the cost of attendance or the values of the data items required to calculate the expected student or parent contribution (or both) **to allow for treatment of an individual eligible applicant with special circumstances**. However, this authority shall not be construed to permit aid administrators to deviate from the contributions expected in the absence of special circumstances. ***Special circumstances shall be conditions that differentiate an individual student from a class of students***"

Special Circumstances

The Financial Aid Office MAY be able to adjust your data items required to determine your family contribution (i.e., EFC) and your financial need if special circumstances exist that affect your ability to pay for the cost of education. Examples of special circumstances are: emergency medical and dental expenses; unforeseen & emergency related expenses that occur beyond your control; unforeseen reduction in income or benefits. If your family situation involves a special circumstance such as those described above, you may request for a review of your financial need status.

Required Documentation

In order for our office to consider your request for a review of your financial need status, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms listed below.

- *A personal Statement of explanation,*
- *Completion of Student and/or Parent (s) Statement of Reduction of Income and/or Benefits*

In addition, you must provide the required documents that support the type of situation you are requesting for review of your financial need. The required forms are attached.

SUBMIT ATTACHED FORMS AND PERTINENT DOCUMENTS TO THE FINANCIAL AID OFFICE LOCATED ON THE FIRST FLOOR OF THE UOG CALVO FIELD HOUSE. STUDENTS WILL RECEIVE A RESPONSE TO THEIR REQUEST TWO WEEKS AFTER THE PUBLISHED DEADLINES FOR REVIEW OF FINANCIAL NEED

REQUEST FOR REVIEW OF FINANCIAL NEED

Projected Year Income/Benefits (Income Reduction)

REQUIRED SUPPORTING DOCUMENTATION FOR APPLICABLE SITUATION	
PROJECTED YEAR INCOME/BENEFITS	DOCUMENTATION
Unemployment	⇒ Statement From Employer <ul style="list-style-type: none"> State of last date of employment Provide year - to - date earnings for current year ⇒ Unemployment Agency Certification <ul style="list-style-type: none"> Indicate date benefits started Indicate monthly benefit amount
Death of spouse	⇒ Death Certificate
Disability of student	⇒ Physician's Statement ⇒ Agency Certification <ul style="list-style-type: none"> Indicate date benefits started Indicate monthly benefit amount
One - Time income and/or benefits received in 20_____	⇒ Agency Certification <ul style="list-style-type: none"> Indicate date benefits started Indicate monthly benefit amount

ALL REQUIRED FORMS MUST BE COMPLETELY FILLED OUT AND DOCUMENTATION SUBMITTED BEFORE SCHEDULING AN APPOINTMENT WITH A FINANCIAL AID ADVISOR.

In compliance with federal regulations, the UOG Financial Aid Office reserves the right to request additional information to clarify conflicting application data.

PERSONAL STATEMENT OF EXPLANATION**For Review of Financial Need Status**

Please print or type your statement of "special circumstances" as to why you feel the Financial Aid Office should make an adjustment to your financial need status. (If you need additional space, please continue on the back of this form or attach a separate letter. Should you decide to print, please use either a black or dark blue inked pen on every page of this application.

Student Last Name

Student First Name

UOG ID Number

Primary Contact Number

Secondary Contact Number

Last 4 digits of Social Security

I, hereby, certify that the above statement is true and correct.

Student Signature

Date

Parent Signature (must sign if financial situation is the basis for this request)

Date

WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both

STUDENT STATEMENT OF REDUCTION OF INCOME AND/OR BENEFITS

This portion is to be completed by student *ONLY* if the Student's financial situation is the basis for this request. Incomplete forms will NOT be reviewed. Should you decide to print, please use either a black or dark blue inked pen.

Student Last Name

Student First Name

UOG ID Number

Primary Contact Number

Secondary Contact Number

Last 4 digits of Social Security

1. Amount received in income and/or benefits in 20____

Attach copy of federal tax return (1040, 1040A, 1040EZ)

\$_____

2. Check mark the appropriate situation:

☐

Unemployment since

Month

Date

Year

☐

Death of Spouse

Month

Date

Year

☐

Disability of student

Month

Date

Year

One – time income and/or benefit received in 20____

Type of Income/Benefit:

Used For:

3. Amount anticipated under income and/or benefits for 20____

Note: Complete table below. Documentation is required (i.e., Tax Return, last paystub, unemployment documentation)

Type of Income/Benefit:

Monthly Amount:

Annual Amount:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Total: \$ _____

I, hereby, certify that the above statement is true and correct.

Student Signature

Date

WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both

Mailing Address: 303 University Drive Mangilao, Guam
96923-9000 Contact: 671-588-1484/5 or 735-2287/8

DO NOT FAX or EMAIL.

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PARENT(S) STATEMENT OF REDUCTION OF INCOME AND/OR BENEFITS

This portion is to be completed by parent *ONLY* if the parent's financial situation is the basis for this request. Incomplete forms will NOT be reviewed. Should you decide to print, please use either a black or dark blue inked pen.

Student Last Name	Student First Name	UOG ID Number
Primary Contact Number	Secondary Contact Number	Last 4 digits of Social Security

1. Amount received in income and/or benefits in 20____
 Attach copy of federal tax return (1040, 1040A, 1040EZ) \$_____

2. Check mark the appropriate situation:

<input type="radio"/>	Unemployment since	_____ Month	_____ Date	_____ Year
<input type="radio"/>	Death of Spouse	_____ Month	_____ Date	_____ Year
<input type="radio"/>	Disability of student	_____ Month	_____ Date	_____ Year

One – time income and/or benefit received in 20____

<u>Type of Income/Benefit:</u>	<u>Used For:</u>
_____	_____
_____	_____
_____	_____

3. Amount anticipated under income and/or benefits for 20____

Note: Complete table below. Documentation is required (i.e., Tax Return, last paystub, unemployment documentation)

Type of Income/Benefit:	Monthly Amount:	Annual Amount:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
		Total: \$ _____

I, hereby, certify that the above statement is true and correct.

Print Parent's Full Name	Parent Signature	Date
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