



**Request for Income Review**  
**17-18 FSAPRI**

**Student Name:** \_\_\_\_\_

**Campus ID Number:** \_\_\_\_\_

**Status at CSULB:**                      **Applicant**                                      **Newly Admitted**                                      **Current/Returning Student**

**Aid Application Completed:**                                      **2017 – 2018 FAFSA**                                      **2017 – 2018 CA DREAM Application**

Your 2017-2018 financial aid application reflects income information from the 2015 calendar year. If you, or your family's, financial situation has significantly changed from 2015, you may request to have your financial aid eligibility re-evaluated using more current income information. To initiate the review process, please complete this form and attach a personal statement detailing the change in income & circumstances. **Our office will review your request and contact you for any additional information and/or documents related to your specific circumstances.**

**REASON FOR CHANGE:**

*Check all appropriate boxes*

- Loss/Reduction of Income                                      Loss/Reduction of Benefits (*please specify*) \_\_\_\_\_
- Separation/Divorce    Death of Parent/Spouse
- Extraordinary Medical/Dental Expenses (*not covered by insurance or claimed on IRS Tax Return*)
- Other \_\_\_\_\_

**Name of person(s) impacted by change(s):** \_\_\_\_\_

**Relationship to Student:**                      **Student**                      **Parent**                      **Student's Spouse**

**Date change(s) occurred:** \_\_\_\_\_                      **Is the situation ongoing?**                      **Yes**                      **No**

**PERSONAL STATEMENT INSTRUCTIONS**

**Attach a type-written statement regarding the change(s) in income. Your statement must include the following:**

- A detailed explanation regarding the change in income and what caused it. **Include specifics regarding:**
  - When the change occurred
  - Whether the change was a one-time occurrence or is ongoing (if ongoing – how long you expect it to last)
- Details regarding any income or benefits that are being received that are associated with the situation that caused the change in income (unemployment, disability, severance, insurance payment). Include amounts being received as well as how long you expect to continue to receive it.
- Any changes that are expected in the near future. For instance: If your situation is related to a job loss, are you anticipating receiving a new job/income in the next 6 months?
- How has this change affected your ability to pay for your educational expenses? Be specific as related to income loss and/or loss of personal resources.

**CERTIFICATION**

I certify that the information provided on this form and attached statement is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals.

**Student Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_

**Return This Form and Supporting Documentation:**

**By Mail:**  
 CSULB Office of Financial Aid  
 1250 Bellflower Blvd.  
 Long Beach, CA 90840-0106

**By Fax:**  
 (562) 985-4973  
 Be sure to indicate "Attention Financial Aid"

**In Person:**  
 Office of Financial Aid  
 101 Brotman Hall  
 Financial Aid Windows