

2009-10 PARENT REEVALUATION REQUEST

Student's Name _____ Reed ID # (if known) _____

By completing and submitting this form, you are requesting the Reed College Financial Aid Office to reevaluate your (parent) financial situation based on unusual or special circumstances. The Reed College Financial Aid Office reviews such requests on an individual, **one time only** basis and will respond in writing with the results of this review.

Part I. DOCUMENTATION:

If you have not submitted a copy of your (parent) 2008 IRS Tax Return and W-2 statement(s) to the financial aid office, submit a copy with this request. In addition, if your request for reevaluation of aid eligibility is based on:

- Involuntary loss of employment (worker is terminated, fired, laid off), provide the following: 1) a copy of the notice of termination from the employer or a Dislocated/Displaced Worker certificate from the Employment Division or its designee, 2) a copy of the final pay stub, and 3) statement of eligibility for unemployment compensation. If your spouse is employed, provide a copy of the most recent pay stub.
- Loss of income due to a disabling illness or injury, provide a letter from the doctor which includes the date(s) the person was treated for the illness/injury and a brief description of how the illness/injury interfered with the ability to work.
- Involuntary reduction in earned income or reduction/elimination of child support, unemployment compensation, Social Security benefits, etc, provide documentation from the employer or agency indicating the date of the change and the revised amount.
- Separation or divorce after the 2009-10 financial aid applications are filed, provide the date of separation/divorce. Also provide an updated statement of the current number in the household supported by the parent, including the student, and the number of those, **excluding** the parent, that will attend college at least halftime in 2009-10. **Do not include the income or taxes to be paid information of the non-custodial parent in Part II.**
- Death of a parent who completed the 2009-10 financial aid applications for the student, provide the name of the parent and the date of death. Also provide an updated statement of the current number in the household supported by the parent, including the student, and the number of those, **excluding** the parent, that will attend college at least halftime in 2009-10.

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03/09 PAR-REEVAL

Part II. PARENT INFORMATION - To be completed by student's parents.

Complete all lines, providing the best estimate of **expected** (*i.e.* anticipated, likely) income. Use "0" if the answer is none or not applicable. **Do not leave questions blank.**

Taxable 2009 expected income and benefits:

Father's gross wages, Jan. 1, 2009 – Dec. 31, 2009 \$ _____

Mother's gross wages, Jan. 1, 2009 – Dec. 31, 2009 \$ _____

Other 2009 taxable income (interest income, rental income
unemployment compensation, etc) \$ _____

Any other taxable income \$ _____

Nontaxable 2009 expected income and benefits:

Social Security and/or Veterans benefits \$ _____

Child Support received for all children \$ _____

Untaxed portions of pension benefits \$ _____

Untaxed payments to retirement plans \$ _____

Any other untaxed income or benefit \$ _____

2009 expected U.S. income tax to be paid (do not include
state tax, Social Security withholdings, etc.) \$ _____

Part III. – READ AND SIGN

All of the information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested to do so. I also agree to update the financial aid office if these income projections change at any time during 2009.

Mother's signature

Date

Father's signature

Date

**Submit this form to the Office of Financial Aid, Reed College, 3203 SE Woodstock Blvd,
Portland, OR 97202-8199.**