Use section A of this form to report income reductions experienced by persons required to provide data on the student’s FAFSA.
Use section B of this form to report unusual or unexpected emergency expenses impacting family ability to pay for enrollment expenses.
If your situation is not represented on this form, provide a signed statement describing your review request along with appropriate documentation.

**IMPORTANT: STUDENT NAME AND RENSSELAER STUDENT ID NUMBER MUST APPEAR ON ALL ATTACHMENTS!**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Rensselaer ID (RIN):</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Enrollment Status (check one):  ____ New student, has not started classes at Rensselaer.  ____ Current, returning, or re-admitted student.

About Eligibility Review Request Processing:
1. Complete Section A (Loss of Income) and/or Section B (Unusual Expenses). Provide supporting documentation as indicated.
2. Signatures of the student and/or parent(s) providing statements or documents must be provided in Section C.
3. You must provide documentation that supports the statements and financial information provided toward your review request.
4. Students are notified via e-mail or through our award revision notification process when the requested review has been completed.
5. Return your completed form and documents to the address above, fax (518) 276-4797, or upload: https://admissions.rpi.edu/aid/upload

Note: We are requesting information about your actual or projected 2017 and 2018 tax years to better understand your situation.
Please provide appropriate documentation to support the statements and financial data being provided. Documentation examples include: completed IRS 1040 tax statements, year-to-date pay stubs or untaxed income benefit receipts, letters confirming change of employment status.

**Brief Description of Review Request:** Please provide your full statement on a separate page if your description will not fit into this space.

---

A. LOSS OF INCOME: Complete Section A for each person experiencing a decrease in income since the end of the 2016 tax year.

**A1: Who is Experiencing the Loss of Income?**

<table>
<thead>
<tr>
<th>Parent 1 on FAFSA</th>
<th>Parent 2 on FAFSA</th>
<th>Student or Spouse</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

Name of person or people experiencing loss of income:

Reason for Loss of Income (check all that apply):
- Loss of Employment
- Forced Reduction to Paid Work Hours
- Change of Job with Reduction in Pay
- Other: ____________________________

Start Date of Income Reduction: ____________________________

Is This Person Currently Working?  ____ Y / N  ____ Y / N  ____ Y / N

If Working:  ____ Full Time or Part Time?  ____ FT / PT  ____ FT / PT  ____ FT / PT

When did they begin or resume working? ____________________________

How many hours are they working per week? ____________________________

What is their current hourly pay rate? ____________________________

** * * * COMPLETE SECTION A3 ON PAGE 2 TO REPORT YOUR 2017 & 2018 ACTUAL OR ANTICIPATED TOTAL INCOME * * * **

**A2: REQUIRED DOCUMENTATION:** Please print the student’s name and Rensselaer ID Number (RIN) on each page submitted.

1. Statement Describing Loss of Employment / Loss of Income
   a. Provide a written statement describing the loss of income situation, signed by the person reporting the income loss.
   b. Provide a copy of any notice of layoff, position elimination, or reduction to work hours notice that may be available.

2. Current Income Information: Please complete Section A3 on the next page of this form as follows:
   a. Indicate the month “Gross Income” from all sources prior to taxes or other deductions in the Taxable Income section
   b. Report your expected untaxed income totals in the Untaxed Income Section.
   c. Provide a copy of the most recent pay stub or other documents to support the numbers provided for "2a." and "2b."

3. Additional Documents: Provide copies of other documents you feel support your statement or the income figures provided.
ACTUAL OR ESTIMATED INCOME DATA - - TAX YEARS 2017 & 2018. This must be completed if you are reporting an income loss.

Provide both 2017 and 2018 actual or estimated income data for the student, parent(s), or others whose data was required for FAFSA filing.

### 2017 Tax Year
<table>
<thead>
<tr>
<th>Parent 1 on FAFSA</th>
<th>Parent 2 on FAFSA</th>
<th>Student &amp; Spouse</th>
</tr>
</thead>
</table>

If their income will be the same as 2016, check here: __________ __________ __________

If their income will be HIGHER or LOWER than 2016:

1. **Taxable Income**: Provide for 2017 and 2018, unless same as 2016.
   - **A) Employment Income / Wages**: $ _______ $ _______ $ _______
   - **B) Taxable Interest / Dividend Income**: $ _______ $ _______ $ _______
   - **C) Allimony Received**: $ _______ $ _______ $ _______
   - **D) Business or Rental Property Income**: $ _______ $ _______ $ _______
   - **E) Unemployment Income**: $ _______ $ _______ $ _______
   - **F) Taxable Social Security Income**: $ _______ $ _______ $ _______
   - **G) Taxable Pension or Retirement Income**: $ _______ $ _______ $ _______
   - **H) Other**: $ _______ $ _______ $ _______

   **Total Taxable Income**: $ _______ $ _______ $ _______

   - **A) Child Support Received**: $ _______ $ _______ $ _______
   - **B) Public Assistance (TANF)**: $ _______ $ _______ $ _______
   - **C) Untaxed Pension or Retirement Income**: $ _______ $ _______ $ _______
   - **D) Untaxed Social Security Income**: $ _______ $ _______ $ _______
   - **E) Pre-Tax Retirement Account Contributions**: $ _______ $ _______ $ _______
   - **E) Other**: $ _______ $ _______ $ _______

   **Total Untaxed Income**: $ _______ $ _______ $ _______

### 2018 Tax Year

Please note the timeframe when the expense or circumstance was incurred:

Check Below

**B1: Who has paid for the expenses, or whose assets have been impacted? (check on line)**

Check which option best describes the situation:
   - **A) One-Time Pension Withdraw or Roll-Over**
   - **B) Medical Expenses Not Paid By Insurance**
   - **C) Disaster Event Related Expenses**
   - **D) Other**: __________ __________ __________

**Check Below**

From: __________ To: __________

If “Ongoing”: __________

How much was paid "out of pocket"? $ _______ $ _______ $ _______

How much was withdrawn from assets? $ _______ $ _______ $ _______

### REQUIRED DOCUMENTATION

- **Signed Statement from the family** describing how and when the unusual expense or special circumstance was incurred.
- **Support Documents** such as: copies of receipts, "Paid in Full" billing statements, cancelled checks, tax form confirming retirement account roll-over reported to the IRS, repair invoices, pension distribution notices. Documents must support the data and statements provided.

### SIGNATURES

- **Student**: __________________________
- **Spouse / Parent 1**: __________________________
- **Parent 2**: __________________________

Return your completed form and documents to the address at the top of page 1, fax (518) 276-4797, or upload: https://admissions.rpi.edu/aid/upload

**Signature** __________________________ **Date** __________