

# Petition for Re-Evaluation of Financial Aid Eligibility Due to Special Circumstances

2007-08

**Return to:** Office of Financial Aid & Scholarships  
California State University, Bakersfield  
48 SA  
9001 Stockdale Highway - Bakersfield, CA 93311-1022  
Telephone: (661)654-3016 FAX: (661)654-6800  
Web: <http://www.csub.edu/finaid> E-Mail: [finaid@csub.edu](mailto:finaid@csub.edu)



Financial Aid Applicant Information:

Student Name: \_\_\_\_\_ (Please Print) CSUB Id: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I request that the Office of Financial Aid & Scholarships re-evaluate my financial aid eligibility based upon the following special circumstances. Extenuating circumstances may include, but are not limited to: substantial loss of income or assets; divorce or separation; death of spouse; unusual expenses such as medical, dental, or optical not covered by insurance, private elementary/high school tuition, commuting from outside of Bakersfield, child care, books and supplies in excess of the amount budgeted; or unavoidable problems beyond your control resulting in exceeding the maximum units or time frame allowed for your current degree/certificate objective.

Description of Circumstances:

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To support this request I will provide all of the following documents for myself, spouse, and/or parents if applicable. If you are claiming a loss of income, please provide items 1, 2 and 3 listed below and complete the Projected Income Worksheet on the back of this form. If you are claiming additional expenses, please provide recent receipts.

1. The most recent pay stubs for current employment, or final pay stubs from all other jobs during 2007.
2. Evidence of loss of employment, failed business, and/or loss of assets.
3. An estimate of projected income from January 1, 2007 - December 31, 2007.
4. A copy of my 2007 Federal income tax return must be submitted by March 2008. I understand that this tax return will be compared to my 2007 estimate of income, and my financial aid will be adjusted accordingly.

**YOU MUST PROVIDE ALL APPLICABLE DOCUMENTATION LISTED ABOVE FOR THIS PETITION TO BE PROCESSED.**

**CERTIFICATION**

I certify that all of the information that I have provided on this form, and all attached documentation, is true and correct to the best of my knowledge. I have read each section and provided the required documentation. I understand that underestimating projected income could result in reduced eligibility, repayment of aid, or both in this year or future years.

\_\_\_\_\_  
Parent or Spouse Signature (if applicable)

\_\_\_\_\_  
Date

PROJECTED INCOME WORKSHEET ON REVERSE SIDE

Student Name: \_\_\_\_\_ CSUB Id: \_\_\_\_\_  
 (Please Print)

**PROJECTED INCOME WORKSHEET**

Last date of employment if currently unemployed: \_\_\_\_\_

Please list, by month, the source(s) and amount(s) of actual and/or projected income for January 1, 2007 - December 31, 2007. You may be able to enter some actual figures since some months may have already elapsed, while other months must be estimated since the reporting period may not have occurred yet. Copies of final pay stubs or a statement from the employer must be provided as documentation for actual figures:

2007	Gross Wages Student	Gross Wages Spouse	Gross Wages Father	Gross Wages Mother	Other (includes unemployment, disability, etc.) Amount	Cash Received Amount	Source
Jan							
Feb							
Mar							
Apr							
May							
Jun							
Jul							
Aug							
Sep							
Oct							
Nov							
Dec							
<b>Total</b>	\$	\$	\$	\$	\$	\$	

For any months in which \$0 income is reported, please indicate how the student/spouse/parent(s) will support themselves:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>FA Office Use Only:</b>  _____ Financial Aid Officer	The petition has been:		
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Referred to Committee
_____ Signature	_____ Date		