



2019



FSOPRR

CALIFORNIA STATE UNIVERSITY LONG BEACH

18-19 FSOPRR

**REQUEST FOR INCOME REVIEW**

Your 2018-2019 financial aid application reflects income information from the 2016 calendar year. If you, or your family's, financial situation has significantly changed from 2016, 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 and circumstances.

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

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

<b>Status at CSULB:</b>	<b>Applicant</b>	<b>Newly Admitted</b>	<b>Current/Returning Student</b>
<b>Aid Application Completed:</b>	<b>2018 – 2019 FAFSA</b>	<b>2018 – 2019 CA DREAM Application</b>	

**CHANGE IN CIRCUMSTANCES**

Check all appropriate boxes

- Loss/Reduction of Income
- Loss/Reduction of Benefits (*please specify*) \_\_\_\_\_
- Separation/Divorce
- Death of Parent/Spouse
- Other (such as extraordinary medical expenses) \_\_\_\_\_

**Name of person whose situation has changed:** \_\_\_\_\_

**Relationship to Student:**      **Self**                      **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. Please include when the change occurred and whether the change was a one-time occurrence.
- Any income or benefits received that are associated your change in circumstances (unemployment, disability, severance, insurance payment). Specify the amount of income or benefits and when you have or will receive payments.
- Any extraordinary expenses you have incurred, such as medical costs. Note that insurance premiums, payments reimbursed by medical insurance, and medical expenses claimed as a deduction on your IRS tax return will not be reviewed.
- Any changes that are expected in the near future. For instance, if your situation is related to a job loss, are you anticipating new employment in the next 6 months?
- How this change has affected your ability to pay for your educational expenses. Be specific as it relates to income loss and/or loss of personal resources.

**NEXT STEPS**

This is a two-step process. After submitting this form and personal statement we will review your request and contact you by email. We may request additional information or send you the Income Appeal Form to request supporting documents or information related to your specific circumstances.

**Return this form to our office**

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

**In Person:**  
Visit our website to "Join the Queue"  
Beach Central – Intake Windows  
Brotman Hall; 1<sup>st</sup> Floor Courtyard

**By FAX:**  
(562) 985-1509  
**Attention: Financial Aid**