



PROFJD 0910

COMMUNITY COLLEGE  
OF RHODE ISLAND

Office of Enrollment Services

2009-2010 RE-EVALUATION OF INCOME WORKSHEET

Student Name

CCRI ID

This form may be submitted only after a student has applied for financial aid using the 2009-2010 Free Application for Federal Student Aid (FAFSA). Complete this form only if there has been a recent unusual or extenuating circumstance that has caused a significant decrease in 2009 taxable or untaxed income. Submit this request for re-evaluation when **six weeks** have elapsed since income changes have occurred.

PLEASE CHECK EACH CATEGORY THAT APPLIES TO YOUR APPEAL

Income reduction due to:

\_\_\_ Unemployment \_\_\_ Retirement \_\_\_ Death \_\_\_ Disability \_\_\_ Loss of benefit or untaxed income

\_\_\_ Non-elective medical/dental expense (NOT COVERED by insurance)

\_\_\_ Other. (Please explain) \_\_\_\_\_

Please list the date this change came into effect \_\_\_\_\_

ESTIMATED INCOME FOR THE 2009 CALENDAR YEAR

	Father/stepfather	Mother/stepmother	Student	Spouse
Wages, tips, salary				
Unemployment benefits				
Untaxed income Specify:				
Other Specify:				

DOCUMENTATION MUST BE SUBMITTED TO VERIFY YOUR REDUCED INCOME. Examples include:

Copies of pay stubs from all employers for whom you worked in 2009, a letter verifying unemployment benefits, a letter verifying TDI benefits, a letter verifying Social Security benefits, W-2 forms or a letter documenting child support received.

**FOR NON-ELECTIVE MEDICAL/DENTAL EXPENSES, PLEASE SUBMIT:** Copies of receipts for which you paid out of pocket and copies of canceled checks.

I/we certify that all information provided in reference to this re-evaluation is accurate and true. I/we understand that purposely giving false or misleading information on any financial aid application may result in a fine of up to \$10,000, imprisonment for up to five years or both. I/we understand that the financial aid award may change based upon the information provided. I/we further understand that any changes must be reported in writing to the Financial Aid Office.

Student Signature

Date

Parent Signature  
(Dependent students only)

Date

Flanagan Campus, 1762 Louisquisset Pike, Lincoln, RI 02865-4585 P: 401.825.2003

Knight Campus, 400 East Avenue, Warwick, RI 02886-1807 P: 401.825.2003

Liston Campus, One Hilton Street, Providence, RI 02905-2304 P: 401.825.2003

Newport County Campus, One John H. Chafee Blvd. Newport, RI, 02840-1096 P: 401.825.2003