



Financial Aid and Scholarship Services Parent Review

Academic year
2024–2025

Student information

Please type or print clearly using only blue or black ink.

Last name	First name	Middle initial	10-digit ASU ID	
Local street address	City	State	Zip code	Daytime phone number

This form will not be processed if any items are left blank or illegible.
If clarification of your situation is necessary, additional information or documentation may be required.

Purpose

You (the parent) may complete the Parent Review form if your family's current financial situation is not accurately reflected by your (the parent's) 2022 income tax information. Your 2022 income is used to assess your student's financial need for the 2024–2025 Free Application for Federal Student Aid in accordance with federal laws and regulations. **Families with a negative or zero Student Aid Index (SAI) do not need to submit this form as the SAI cannot be reduced further.**

This form will not be processed until your student's financial aid file is complete and your student has been awarded financial aid.

Instructions

1. Check all the boxes that are applicable to your situation in Section A.
2. Attach all required and relevant documentation to this form.
3. Submit this form online at <https://tuition.asu.edu/forms/fa-misc-verification/2025>, by mail to PO Box 870412, Tempe, AZ 85287-0412, or in person at any Financial Aid and Scholarship Services location.

Please note: Changes resulting from this review **do not** guarantee an increase in aid since a loss of income may have little or no effect on the student's financial aid eligibility.

Section A: Reason for review

Please check the reason(s) for this review and provide the documentation required for each reason. If you have special circumstances that are not listed below, you are encouraged to contact Financial Aid and Scholarship Services and a financial aid administrator can assess your situation to determine if it warrants a review of the original FAFSA information and/or your student's offered awards.

<input type="checkbox"/>	Reduction of income or benefits (including dislocated worker or displaced homemaker) for the entire 2024 calendar year (January 2024–December 2024), job or benefits have been lost, or earnings are less in a new job. Only income reductions of a significant amount may affect the aid offer. Significant reductions are typically 25% or more of total income with a duration minimum of eight weeks. <ol style="list-style-type: none"> 1. Attach a copy of your last pay stub. 2. Attach any documentation regarding unemployment and/or severance pay. 3. Attach a detailed letter explaining your loss of income to include all of the items below: <ol style="list-style-type: none"> a. If currently employed, your most current pay stub. b. Your prior employer's name, address and phone number. c. The date your income was reduced. d. Indicate whether or not you are entitled to unemployment and/or severance pay. If eligible, provide the amounts and eligibility period (start and end dates). e. Estimate the amount of income for the 2024 calendar year, which should include: earned income from work (i.e., wages from work, business income, farm income, etc.), alimony received, child support received, taxable Social Security benefits, or other taxable income (i.e., rental income, capital income, etc.).
<input type="checkbox"/>	Divorce or separation (including displaced homemaker) based on your income for the 2022 calendar year as reported on your 2024–2025 FAFSA application. <ol style="list-style-type: none"> 1. Attach a copy of your divorce decree or separation agreement. If you do not have a separation agreement, attach a statement indicating separation date. 2. Attach your signed 2022 federal tax return and your 2022 W-2's. 3. Attach a detailed letter including all of the items below: <ol style="list-style-type: none"> a. A list of current household members, their relationship to you and their age. b. Assets assigned to you as reported on your 2024–2025 FAFSA application. c. Date of separation.
<input type="checkbox"/>	Death of spouse <ol style="list-style-type: none"> 1. Attach a copy of your spouse's death certificate. 2. Attach your signed 2022 federal tax return and your 2022 W-2's.

Last name	First name	Middle initial	10-Digit ASU ID
-----------	------------	----------------	-----------------

- Loss of child support**
1. **Attach a detailed letter explaining the loss of child support. Include any current monthly child support for other children for the 2024 calendar year.**
 2. Attach a copy of the court documentation of your loss of child support that includes the date of last payment.
 3. Provide date of last payment: _____.
 4. Current monthly child support for other children: _____.

- Loss of one-time income**
 You received one-time income in the 2022 calendar year that will not occur in the 2024 calendar year (e.g., IRA or pension distribution, inheritance).
1. **Attach a detailed letter including all the items below:**
 - a. Type of income received.
 - b. How income was spent.
 - c. Why income cannot be used for educational expenses.
 2. Attach documentation showing you no longer have those funds (i.e., checking and saving statements, paid receipts, etc.).

- Extended family support**
(May be allowed if you financially contribute to relatives not counted as members of your family on the FAFSA.)
1. Attach supporting documentation of payments made out-of-pocket (e.g., receipts, cancelled checks, etc.).
 2. **Attach a detailed letter including all the items below:**
 - a. Name, age and relationship of relative(s).
 - b. Month and year support began and expected date support will end.
 - c. Dollar amount of monthly support paid by you.
 - d. Reason for the support.

- Private elementary or secondary school tuition expenses**
 Only tuition incurred during the 2024–2025 academic year (August 2024–May 2025) will be considered for the student’s sibling(s) attending a private elementary or secondary school.
1. Attach a copy of the school’s enrollment contract.
 2. **Attach a detailed letter including all the items below:**
 - a. Name and age of the dependent(s) attending.
 - b. Dates of attendance.
 - c. The amount of any scholarships or grants that subsidize the tuition.

- Family member’s college expenses**
 Only for family members for whom the parent(s) reported on the 2024-2025 FAFSA. The family member must be enrolled at least half-time in a post-secondary school and working toward a degree or certificate in an eligible Title IV program and paying expenses out-of-pocket.
1. Attach a copy of the school’s certification of enrollment. Be sure it indicates the start and end date of enrollment.
 2. Attach proof of payment from the school for the 2024-2025 academic year (August 2024-May 2025). Be sure it indicates the total amount of tuition, fees, and other educational related costs, and how the expenses were paid (i.e., credit card, scholarships, loans).
 3. **Attach a detailed letter including all the items below:**
 - a. Indicate the family member’s name, age, and relationship to the student.
 - b. Dates of attendance and the degree or certificate program the family member is pursuing.
 - c. The amount of any scholarships, grants, and/or loans that cover the college cost.
 - d. If reporting a dependent (i.e., student’s sibling), indicate if the family member was reported as a dependent on the parents’ 2022 federal tax return or can be claimed as a dependent on the parents’ tax return if a U.S. federal tax would be filed. For more information about who can be claimed as a dependent on a federal tax return, see the IRS *Overview of the Rules for Claiming a Dependent*.

- Unreimbursed health care expenses**
(Medical expenses may be allowed if required for treatment rather than elective care and documented by a physician.)
1. Attach documentation that verifies if payments are on a monthly payment plan.
 2. Attach receipts for all expenses paid out-of-pocket (do not submit unpaid bills) for calendar year 2024.
 3. Attach a physician’s letter stating if the treatment is essential or elective care.
 4. **Attach a detailed letter including all the items below:**
 - a. Itemized list of health care expenses paid for the 2024 calendar year.
 - b. If payments are on monthly payment plans, include duration of payments and amounts.
 - c. If you are qualified for reduction/forgiveness of any of these payments.

Last name	First name	Middle initial	10-Digit ASU ID
-----------	------------	----------------	-----------------

Section B: Parent certification and signature

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I understand that all communication will be sent to the student's ASU email account.

Parent's signature	Date
--------------------	------

If you need assistance to complete this form, please contact our office at 855-278-5080 or on tuition.asu.edu/contact-resources.