
Student Name ____________________________________________ SSN/ID ______________________

Federal financial aid eligibility for 2014-2015 is based on 2013 income as reported on your 2014-2015 FAFSA. You may request that we reconsider your need based on an estimate of your 2014 income. To request aid reconsideration, please complete all required information on the front and back of this form.

Include 2013 IRS tax transcripts for you and your spouse or parents (if you have not already submitted them to PNCA). You may request a tax transcript at www.irs.gov or call 1-800-908-9946. Include any other relevant documentation to support your request.

Mark the item or items that best describe your reason for requesting aid reconsideration:

☐ Change in income due to loss of job. Circle: student/spouse/parent(s)
☐ Change in income due to divorce or separation. Circle: student/spouse/parent(s)
☐ Non-recurring disbursement of retirement funds (or other) in 2013. Circle: student/spouse/parent(s)
☐ Medical/Dental expenses in 2013 or 2014 not covered by insurance. Circle: student/spouse/parent(s)

Please explain the circumstances regarding the above marked item(s):

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(over)
Estimation of 2014 Income/Medical Expenses

List the ESTIMATED 2014 total for each source of income below (from January 1, 2014 projected through December 31, 2014):

<table>
<thead>
<tr>
<th>Wages, Salaries, and Tips (Including Self-Employment)</th>
<th>Student</th>
<th>Spouse</th>
<th>Parent(s) (Dependent Students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-Study Earnings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>IRA or Other Retirement Pension Distributions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Child Support Received</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Child Support Paid</td>
<td></td>
<td></td>
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<tr>
<td>Alimony Received</td>
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<tr>
<td>Alimony Paid</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Veterans’ NON-Education Benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and Dividend Earnings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other Non-Taxable income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Money Received or Paid on Your Behalf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other __________________</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

List the current value of all assets as of today (do not include the value of the home you live in or funds invested for retirement such as IRAs):

| Cash/Savings/Checking Accounts                      |         |        |                             |
| Net Worth of Investments                            |         |        |                             |
| Business Worth                                       |         |        |                             |

If you are requesting a reconsideration due to excessive medical/dental expenses NOT covered by insurance, list the amounts below:

| Medical/Dental Expenses 2013                        |         |        |                             |
| Medical/Dental Expenses 2014                        |         |        |                             |

By signing below, I certify that all information provided by me or any person on this form is true and complete to the best of my knowledge. I have included the required documentation, and if additional documentation is needed, I agree to provide it upon request. I realize that if I do not provide documentation when asked, this reconsideration request is considered void.

Student Signature_________________________________________________ Date_________________

Parent Signature ________________________________ Date_________________

Return Form to: PNCA/Financial Aid, 1241 NW Johnson, Portland, OR 97209 or Fax to: 503-821-8978 Questions? 503-821-8971