



Financial Aid Office

5150 N. Maple Avenue, M/S JA 64

Fresno, CA 93740-8026

Phone: (559) 278-2182

Fax: (559) 278-4833

FPYP

2010/2011

Filing Deadline 4/15/11

Projected Year Petition

Name:	Student ID:
Address:	Phone:
	Counselor/Technician:

STEP ONE: Speak with a Financial Aid Counselor/Technician

STEP TWO: On a separate sheet, please provide a **signed statement**, which explains in detail:

- ❖ The reason(s) for the change in income and the effective date
- ❖ Explanation of projected income reported including: gross monthly, weekly, or hourly rate with hours per week.
- ❖ **If your income is unusually low or zero, you must explain how living expenses are being paid.**
- ❖ Statement must be signed by student, spouse, and parent if applicable

NOTE:

- ◆ **ONLY** one petition will be accepted per academic year
- ◆ **Do not** submit until your projected year employment stabilizes
- ◆ Failure to submit the required documentation will delay the processing of this petition

STEP THREE: Attach Documentation

- | | | |
|---|--|--|
| <input type="checkbox"/> Federal 2009 Tax Return | <input type="checkbox"/> Federal 2010 Tax Return | <input type="checkbox"/> Letter from employer on letterhead |
| <input type="checkbox"/> W2's & 1099 for 2009 | <input type="checkbox"/> W2's & 1099 for 2010 | <input type="checkbox"/> Benefits Documentation (SSI, TANF, disability, etc) |
| <input type="checkbox"/> Last Pay Stubs | <input type="checkbox"/> Household Size Verification | <input type="checkbox"/> Student/Spouse Income Verification |
| <input type="checkbox"/> Parent Income Verification | <input type="checkbox"/> _____ | |

STEP FOUR: Complete

Do not leave lines blank. If zero, write in "O"

CALENDAR YEAR:

Mother Father Student Spouse

Jan. 1 '10 to Dec. 31 '10 (12 mos.):

Total income from work:	\$ _____	\$ _____	\$ _____	\$ _____
**Other Income/Benefits:	\$ _____	\$ _____	\$ _____	\$ _____

SUMMER & ACADEMIC YEAR

June 1 '11 to May 31 '11 (12 mos.):

Total income from work:	\$ _____	\$ _____	\$ _____	\$ _____
**Other Income/Benefits:	\$ _____	\$ _____	\$ _____	\$ _____

** **Other income reported is:** Check child support alimony unemployment social security TANF VA benefits pensions
 dividends disability worker's comp interest other: _____

I certify that the above information is true to the best of my/our knowledge.

_____ Student Signature	_____ Parent Signature (if dependent) or Spouse Signature (if applicable)	_____ Date
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OFFICE USE ONLY

APPROVED (2010 CY Est. 2010 CY Est. 2010-2011 AY) DENIED PENDING

Comments _____

_____ Financial Aid Counselor/Technician Signature	_____ Date	<input type="checkbox"/> RESPONSE SENT
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