

## **NATURAL DISASTER INFORMATION SUMMARY**

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

**Student ID:** \_\_\_\_\_

Our office has been notified that you have special circumstances due to a recent natural disaster, which consequently affects your ability to contribute toward your student's education expenses. Financial need is based, in part, on the student's and parent's annual income and assets from a prior tax year. Because the income, assets, and/or expenses of your household have recently changed, we may be able to take this into consideration and reassess your student's financial aid eligibility. Your financial need will be recalculated by reprocessing the FAFSA based on the information you provide. You will be notified of the effect this has on the award. This process may take up to three weeks after documentation is received. We will use this form to determine our next steps in this process and what documentation requests we need to make of you to support changes made to your FAFSA information.

**Household and Assets** Circle correct responses.

1. Were you displaced from your home due to this natural disaster?..... **YES**.....**NO**
  - a. If yes, do you have insurance that assists you with temporary housing?... **YES**.....**NO**
2. Was there personal property damage due to this natural disaster?..... **YES**.....**NO**
  - a. If yes, do you have insurance that assists you?..... **YES**.....**NO**
3. Was there farm or business loss due to this natural disaster?..... **YES**.....**NO**
  - a. If yes, do you have insurance that assists you?..... **YES**.....**NO**
4. Has there been a loss of income due to the natural disaster?..... **YES**.....**NO**
  - a. If yes, for whom?..... **PARENT(S)**.....**STUDENT**

**Statement of Impact**

Based on answers above, please briefly outline your losses of property, income and/or employment.

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*Continue on back if necessary.*

***I certify that the information provided above is true and accurate to the best of my knowledge. I agree to provide documentation to verify the accuracy of the information stated on this form as required by the Office of Financial Aid.***

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_