

**Loyola University New Orleans**  
**Financial Loss or Hardship Due to Natural Disaster**  
**2009-2010**

Student's Name \_\_\_\_\_ Student ID \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address \_\_\_\_\_ City, Zip \_\_\_\_\_  
 Custodial Parent's Name \_\_\_\_\_

***This form allows you to request a review of your extenuating circumstances as a direct result of a natural disaster, which has adversely affected your family's finances and/or assets (personal or business)***

**A. Appeal Letter and Documentation**

1. Attach a letter explaining the nature of your special circumstances.
2. Attach financial documents to substantiate your calendar year 2009 projected income and/or benefits (pay stubs, bills, credit card statements, damage repair estimates etc.)
3. Attach signed copies of your 2007 and 2008 Federal Tax Returns, including all W-2's and schedules. If you own a business, and file a business tax return, also provide copies.
4. Attach a copy of any insurance claims made to recover damages to property, personal or business. Also, tell us the estimated time it will take to receive your settlement and if this settlement is sufficient to meet your disaster-related needs.
  - a. If not, indicate actual 2008 natural disaster expenses not covered by insurance, FEMA or any other source \$\_\_\_\_\_.
  - b. What are your estimated 2009 natural disaster expenses not covered by insurance, FEMA or any other source \$\_\_\_\_\_.
5. Attach a copy your FEMA Assistance Application for personal or business property.

**B. Monthly Expenses**

Next to each item, fill in the dollar amount of your family's average monthly expenses. If your family shares expenses with others, indicate only that portion of expenses, which your family pays. If an expense occurs other than monthly, please convert it to a monthly average. Fill in all items. If an item does not apply, indicate this by writing "N/A."

Does the family share living expenses with others? ☐ Yes ☐ No  
 If yes, with whom? \_\_\_\_\_

Name Relationship \_\_\_\_\_

Does the family pay rent? ☐ Yes ☐ No

Does the family pay a mortgage? ☐ Yes ☐ No

If NO to both, please explain:

EXPENSES	Average Amount per Month in 2008	Average Amount per Month in 2009
Home Mortgage/Rent	\$	\$
Other Mortgage/Rent	\$	\$
Business Mortgage	\$	\$
Farm Mortgage	\$	\$
Food and Household Supplies	\$	\$
Clothing	\$	\$
Utilities (Gas, Electric, Phone, Water, Heating)	\$	\$
Gasoline and Auto Maintenance	\$	\$
Public Transportation	\$	\$

Medical/Health Expenses NOT Covered by Insurance	\$	\$
--	----	----

Contributions to Retirement Accounts	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
Other (please specify):	\$	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$	\$

**C. Sources of Income**

Please list all sources of income that are used to meet the expenses you listed in Section B. Be sure to include all sources of income such as the **gross amount** of wages, unemployment benefits, disability benefits, credit card advances, personal loans, gifts from family members, savings, business draws, rental income, et cetera.

SOURCE OF INCOME (Be specific)	Average Amount per Month in 2008	Average Amount per Month in 2009
\$	\$	
\$	\$	
\$	\$	
\$	\$	
\$	\$	
<b>TOTAL MONTHLY INCOME †</b>	\$	\$

† Amount should be equal to or exceed the total monthly expenses. If not, please explain in a separate letter.

**D. Other Assistance Sources**

Does another person or organization pay any of your family's expenses? ☺ Yes ☹ No

If yes, complete below.

Expense Paid and Name of Person(s)/Organization(s) Paying for It Your Relationship (Disaster Relief)	Average Amount per Month 2008	Average Amount per Month 2009
\$		
\$		

**CERTIFICATION** By signing this statement, we certify that all the information reported on this form in support of the student's application for financial assistance is complete and least one parent must sign if you are a dependent student.)

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature Date

