



Financial Aid Office

2023-2024 Request for Reconsideration Based on Extenuating Circumstances - Dependent

Student name	Student ID #
Student cell phone number	Student SSN

The information from the 2021 tax return that was reported on the FAFSA does not accurately reflect the student's and/or spouse's or parents'/step-parent current income.

Documentation: All requests for reconsideration must include the following items:

1. A typed letter providing the reason for your request for reconsideration. Include a statement explaining how the circumstances has impacted your financial situation. Letter must be signed.
2. Additional documentation such as the examples listed below.

Extenuating Circumstance	**Required Supporting Documentation
Loss of Employment: Job or benefits have been lost, or earnings are less in a new job.	<ul style="list-style-type: none"> Last pay stub showing year-to-date earnings. Termination notice from employer showing last date of employment. Unemployment statement (if applicable) showing amount received, benefit beginning and end dates.
Loss of untaxed income: <ul style="list-style-type: none"> Child Support Alimony Retirement/Pension Social Security Worker's Compensation 	<ul style="list-style-type: none"> Original benefit statement listing the total amount received. Revised benefit statement listing current amount received and effective date. Documentation of loss of support.
Separation or Divorce: Parties living in the same household will not be considered. Separation after filing the FAFSA may be considered.	<ul style="list-style-type: none"> Divorce Decree or Separation Agreement. Proof of separate residences. Assets being assigned to you. Child Support or Alimony received.
Death of Parent or Spouse	<ul style="list-style-type: none"> Copy of death certificate Documentation of expected survivor benefits (life insurance distributions, annuities, etc.).
Medical/Dental Expenses not Covered by Insurance: Out-of-pocket medical or dental expenses paid beyond the amount already factored into the FAFSA formula. Costs paid by insurance or other party cannot be counted.	<ul style="list-style-type: none"> Copy of Schedule A - Itemized Deductions from your federal tax return OR proof of out-of-pocket medical, dental, or eye care payments. Receipts or copies of cancelled checks verifying payments
One-time taxable income used for life changing event: IRA, pension distribution, back-year social security, back-year child support, etc.	<ul style="list-style-type: none"> Copy of statement showing payment received. Verification of use of funds. Payments towards consumer debt will not be considered.

**Attach Required Supporting Documentation

► **Signatures**

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X		X	
Student Signature	Date	Parent Signature	Date
X		Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Financial Aid Counselor Signature	Date		