



# Financial Aid Office

## 2023-2024 Request for Reconsideration Based on Extenuating Circumstances - Independent

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

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

X \_\_\_\_\_ Date \_\_\_\_\_  
 Financial Aid Counselor Signature

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
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