

Financial Aid Office 2024-2025 Request for Reconsideration Based on Extenuating Circumstances

Student Name:	Student ID:
Student SSN:	Student Phone #:
Students and their families may experience unforeseen circum during an academic year. If you have encountered a significan fill out this form to determine if you are eligible for any additi reasonable documentation. Failure to provide sufficient suppour request.	t loss or reduction of income (since 2022), you may onal federal aid. Please submit clear explanations and
Please check the box that applies to your situation and provide	the required documentation.
UNEMPLOYMENT OR CHAN	NGE IN EMPLOYMENT
You/your parent/your spouse has lost employment because company closing, or shutdown.	use of termination, layoff, disability, retirement,
Attach the following: A signed and dated statement of your circumstance Family member experiencing the loss, type Date expected to return to work (if known) Supporting documentation such as layoff/termination compensation notice, unemployment notice, etc. Verification documentation if not previously submition 2024-2025 Verification Worksheet (dependence) 2022 and 2023 Tax Return Transcript and included on your FAFSA	e of loss, and date(s) the loss occurred on notice, disability compensation notice, worker's tted: dent or independent)
DEATH OF PAREN	Γ OR SPOUSE
Your parent or stepparent is now deceased, but his/her in	formation was reported on the FAFSA.
Your spouse is now deceased, but his/her information wa	as reported on the FAFSA.
Attach the following: • A copy of the death certificate • 2022 W2s for you or your surviving parent if a join • Verification documentation if not previously submi ○ 2024-2025 Verification Worksheet (depen ○ 2022 and 2023 Tax Return Transcript and ○ 2022 and 2023 Tax Return Transcript and included on your FAFSA	tted: dent or independent)
LOST BENI	EFITS
You/your parent/your spouse have/has lost some type of includes benefits such as worker's compensation, child benefits and/or alimony	f untaxed income or benefits. Untaxed income

Attach the following:

- A signed and dated statement of your circumstances (preferably typed) indicating the following:
 - o Family member experiencing the loss, type of loss, and date(s) the loss occurred or will occur
- Supporting documentation such as termination notice of worker's compensation, social security notice, court decree for child support or alimony, etc.
- Verification documentation if not previously submitted:
 - o 2024-2025 Verification Worksheet (dependent or independent)
 - 2022 and 2023 Tax Return Transcript and all W2s for student/spouse (if married)
 - 2022 and 2023 Tax Return Transcript and all W2s for parent (if dependent) whose income was included on your FAFSA

DIVORCE OR SEPARATION
You have or your parent has divorced or separated from a spouse and his/her information was reported on
the FAFSA.
Attach the following:
 A signed and dated statement of your circumstances (preferably typed) indicating the following:
O Date of separation or divorce (attach a copy of divorce decree or separation agreement signed
by a judge) If legal action has been started, please provide documentation of separate
residences (current utility bills from each household).
 Amount of child support and alimony, if received
 2022 W2s for you or your parent if a joint tax return was filed.
 Verification documentation if not previously submitted:
 2024-2025 Verification Worksheet (dependent or independent)
 2022 and 2023 Tax Return Transcript and all W2s for student/spouse (if married)
o 2022 and 2023 Tax Return Transcript and all W2s for parent (if dependent) whose income was
included on your FAFSA
OTHER

Other extraordinary circumstance. Attach the following: • A signed and dated statement of your circumstances (preferably typed) • Any supporting documentation • Verification documentation if not previously submitted: • 2024-2025 Verification Worksheet (dependent or independent) • 2022 and 2023 Tax Return Transcript and all W2s for student/spouse (if married) • 2022 and 2023 Tax Return Transcript and all W2s for parent (if dependent) whose income was included on your FAFSA

CERTIFICATION

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature:	Date:
Parent Signature:	Print Parent Name:
(if applicable)	(if applicable)

Please return this completed form and supporting documentation to the Financial Aid Office on your campus, or email to finaid@asub.edu.

For Office Use Only: Approved, Correction Made Denied
