

# 2020-2021 REQUEST FOR RECONSIDERATION BASED ON EXTENUATING CIRCUMSTANCES

Student's Name \_\_\_\_\_ SS# or ID # \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

1. Income earned in 2018 does not accurately reflect the student's and/or spouse's, and/or parents' current income circumstances for one for the following reasons: (check all that apply)

**Independent Student**

- \_\_\_\_\_ a. loss of employment or change of employment status for student/spouse;
- \_\_\_\_\_ b. divorce/separation or death of a spouse;
- \_\_\_\_\_ c. loss of untaxed income;
- \_\_\_\_\_ d. disability of student/spouse;
- \_\_\_\_\_ e. unusual medical/dental bills or handicapped related expenses;
- \_\_\_\_\_ f. one-time income; (see item #3 below)
- \_\_\_\_\_ g. other unusual debt/expenses.

**Dependent Student**

- \_\_\_\_\_ h. parents' or student's loss of employment or change in employment status;
- \_\_\_\_\_ i. divorce/separation or death of a parent;
- \_\_\_\_\_ j. loss of untaxed income (Social Security benefits, pension, etc);
- \_\_\_\_\_ k. disability of a parent;
- \_\_\_\_\_ l. unusual medical/dental bills or handicapped related expenses;
- \_\_\_\_\_ m. one-time income; (see item #3 below)
- \_\_\_\_\_ n. other unusual debt/expenses.

2. If (a, b, c, d) or (h, i, j, or k) is checked above, please complete the following chart using 2018 income

<b>INCOME* Provide copy of 2019 Federal Tax return or 2019 yearly income documents:</b>	<b>Student</b>	<b>Spouse or Parent</b>
Wages, salaries, tips (Include severance pay, disability payments, etc.		
Other taxable income (Unemployment Compensation, Worker's Comp, Etc.)		
Untaxed social security benefits		
Public Assistance		
Child Support Received		
Other Untaxed Income		
<b>TOTAL INCOME</b>		

\*If you or your parents are divorced or separated, give only your information or the information of the custodial parent.

\*If loss of income was due to the death of a spouse or parent, give only your information or the information of your surviving parent.

3. If (f) or (m) is checked, identify the source of income and explain how the funds were spent or invested. Explain below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION:**

All of the information on this form and supporting documents is true and complete to the best of my knowledge.

<b>Approved</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Financial Aid Officer	Date	

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

# REQUIRED DOCUMENTATION FOR EXTENUATING CIRCUMSTANCES

## **Loss of employment or change in employment status**

Provide the following:

- \_\_\_\_\_ a. ESD Monetary Determination - Form 508
- \_\_\_\_\_ b. Letter from employer detailing termination date
- \_\_\_\_\_ c. Unemployment papers **and** copy of last check stub reflecting year-to-date wage total.

## **Divorce, separation, or death of a spouse or parent:**

Provide the appropriate W-2 form and one of the following:

- \_\_\_\_\_ a. Copy of divorce decree
- \_\_\_\_\_ b. Copy of legal separation papers
- \_\_\_\_\_ c. Death certificate or death notice

## **Loss of untaxed income:**

Provide a copy of letter from agency who provided benefits detailing termination of benefits and copies of summaries of benefits.

## **Disability of student/spouse/parent:**

Provide medical documentation of disability and document any benefits received as a result of the disability.

## **Unusual medical, or dental bills or handicapped related expenses:**

Provide a copy of Schedule A of the Federal 1040 form or canceled checks or receipts showing amount paid; include medical insurance premiums paid. (To be considered unusual, medical expenses must exceed 7.5% of 2015 adjusted gross income [AGI].)

## **One time income:**

Document source and amount of income and verify use of income.

## **Other unusual debt/expenses:**

Document the debt/expenses and include method of payment.