

REQUEST FOR RECONSIDERATION BASED ON EXTENUATING CIRCUMSTANCES

STUDENT NAME _____ SS# _____

Income earned in 2023 does not accurately reflect the student's and/or spouse's, and/or parent's income in 2024 for one of the following reasons: (check all that apply)

1. **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 experiences;
- ☐ f. one-time income; (see explanation #3 below)
- ☐ g. other unusual debt/expenses.

DEPENDENT STUDENT

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

2. Please complete the following chart for 2024 if #1 -a, b, c, d, h, i, j, or k above is checked.

INCOME** (Provide estimated yearly income for 2023	STUDENT	SPOUSE/PARENT
Wages, salaries, tips, (Include severance pay, disability, etc.		
Other taxable income		
Untaxed Social Security benefits		
Public Assistance		
Child Support Received		
Other Untaxed Income		
TOTAL INCOME		

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

** If your 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 1- f, or 1-m is checked above, identify the source of income and explain how the funds were spent or invested.

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

STUDENT'S SIGNATURE _____ DATE _____

APPROVED YES ☐ NO ☐ FAO _____ DATE _____

REQUIRED DOCUMENTATION FOR EXTENUATING CIRCUMSTANCES

LOSS OF EMPLOYMENT OR CHANGE IN EMPLOYMENT STATUS:

PROVIDE ONE OF THE FOLLOWING:

- ☐ a. ESD Form 600
- ☐ b. Letter from employer detailing termination date
- ☐ c. Unemployment papers *and* a copy of last check stub reflecting year-to-date wage total.

DIVORCE, SEPERATION, 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 or notarized letter verifying separation
- ☐ c. Death certificate or death notice

LOSS OF UNTAXED INCOME:

Provide a copy of letter from the 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 EXPERIENCES:

Provide a copy of Schedule A of the Federal 1040 form or cancelled checks or receipts showing amount paid; include medical insurance premiums paid (To be considered unusual, medical expenses must exceed 7.5% of 2022 adjusted gross income).

ONE TIME INCOME:

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

OTHER UNUSUAL DEBT/EXPENSES:

Document the debt/expense and include method of payment.