

# REQUEST FOR RECONSIDERATION BASED ON EXTENUATING CIRCUMSTANCES

STUDENT NAME \_\_\_\_\_ SS# \_\_\_\_\_

Income earned in 2024 does not accurately reflect the student's and/or spouses, and/or parent's income in 2025 for one of the following reasons: (check all that apply)

1. **INDEPENDENT STUDENT**

- a. loss of employment or change or 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 2024	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		
<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 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.