

2023-2024 Request to Re-Evaluate Based on Special Circumstances

The Department of Education allows Financial Aid Administrators to consider Special Circumstances that have occurred after the student/spouse and/or parent(s) have submitted an initial 2023-2024 Free Application for Federal Student Aid (FAFSA). The submission of this form is a request for the Office of Financial Aid to review special circumstances of loss/reduction in income, change in marital status, death of a spouse/parent, unusual medical expenses, or other unforeseen circumstances. This form must contain supporting documentation before a request can be considered. **All appeal decisions are FINAL. Appeals are processed as quickly as possible, but may take 7-14 business days during peak periods (June-August).**

_____	_____
Printed Name	Student ID Number
_____	_____
Phone Number	Email Address

A. What you should submit with this form:

- A detailed written statement of the special circumstance(s),
- IRS Data Retrieval Tool, copy of 2021 Tax Return Transcript(s), or signed 1040 tax forms for student and parent(s), or student and spouse (if married),
- Copy of all 2021 W-2 Forms/1099-Forms/benefits statements for student and parent(s), or student and spouse (if married),
- Additional documentation, as indicated below, for the special circumstance(s),
- 2023-2024 V1 Verification Worksheet

B. Check the appropriate circumstance(s) for additional documentation requirements:

_____ **Reduced Income Due to Loss of Employment or Changes in Employment State**

Student/spouse/parent(s)'s income earned from work in 2023 will be significantly less than income earned from work in 2021 due to layoff, termination, reduced hours, or reduced wages.

Additional documentation:

- Termination/Change of Status notice from employer(s) on letterhead (as applicable),
- Copy of last pay stub from employer(s) showing year to date earnings,
- Copy of documentation to verify year-to-date unemployment benefits and severance pay (if applicable).

_____ **Divorce or Separation**

Student and spouse or parent(s) of dependent student have divorced or separated AFTER submitting the original FAFSA.

Additional documentation:

- Copy of final divorce decree or petition for divorce (if divorced),
- Copy of legal separation agreement, statement from attorney on official letterhead, or notarized statements from each person indicating date of separation, current physical address, and reason(s) divorce/legal separation has not been initiated. Notarized statements cannot be faxed and/or emailed to the office.

_____ **Death of a Spouse or Parent**

Spouse/Parent (whose information is on the FAFSA) has died AFTER the initial FAFSA was submitted. Attach a copy of the applicable death certificate or a copy of the obituary.

_____ **Unusual Medical/Dental Expenses**

Student and spouse, or parent(s) of dependent student paid medical/dental expenses that were not claimed as a tax deduction on the 2021 Federal Income Tax Return and exceed 15% of the 2021 Adjusted Gross Income (AGI).

Additional documentation:

- Billing and/or insurance statements to verify expenses that were not covered by insurance,
- Proof of payments for expenses that were not reimbursed in 2021.

Student Name

Student ID Number

___ Other (i.e. Loss of Child Support, Private School Tuition, Retirement)

Additional documentation:

- Letter from Department of Human Services (DHS) stating child support has been ended,
- Proof of payments/tuition statement from private school for each child attending for 2021, or
- Letter from of separation from employer, copy of last pay stub, and statement of retirement benefits.

C. CERTIFICATION AND SIGNATURE REQUIRED

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information on this worksheet I may be fined, sent to prison, or both.

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Parent's Signature – Dependent Students (Required)

Date

In accordance with Title IX, Delta State University is committed to maintaining a learning and working environment free from sexual and gender-based discrimination, harassment, sexual assault, sexual exploitation, sexual intimidation, stalking, dating violence, domestic violence, or any other behavior that is non-consensual or has the purpose or effect of coercing a person or persons. For questions or concerns about Title IX, please visit <http://www.deltastate.edu/policies/policy/university-policies/employment/employee-responsibilities-and-standards/sexual-harassment/> or contact Deidra Byas, Title IX Coordinator at (662)846-4690 or email titleix@deltastate.edu.

SFA USE ONLY

___ Approved

___ Denied

___ Student Not Eligible for Special Condition

Comments: _____

Reviewed and Approved by: _____

Date: _____