2023-2024 REQUEST FOR RECONSIDERATION BASED ON EXTENUATING CIRCUMSTANCES

Stude	nt's Name	SS# or I	D#				
Address			Cell phone				
1.		21 does not accurately reflect the student ne for the following reasons: (check all that		oouses', and/or p	arents' c	urrent income	
	Independent Stude	<u>nt</u>					
	b. divo c. loss d. disa e. unus f. one- g. othe	of employment or change of employment rce/separation or death of a spouse; of untaxed income; bility of student/spouse; sual medical/dental bills or handicapped retime income; (see item #3 below) or unusual debt/expenses. Ents' or student's loss of employment or charce/separation or death of a parent; of untaxed income (Social Security beneficial medical/dental bills or handicapped retime income; (see item #3 below) or unusual debt/expenses.	elated expe ange in em its, pensior	enses; nployment status; n, etc);	;		
2.	l <u>f</u> (a, b, c, d) or (h, i,	j, or k) is checked above, please complete	the follow	ing chart using 20	018 incor	ne	
IN	COME* Provide copy of 2022 Federal Tax return or 2022 yearly income documents:						
	Some Trovide copy	of 2022 i cucial rax retain of 2022 year	ly income	Student	Spo	use or Parent	
Wa	ages, salaries, tips (Incl	ude severance pay, disability payments, e	etc.				
Otl	her taxable income (Un	employment Compensation, Worker's Co	mp, Etc.)				
Un	taxed social security be	enefits					
Pu	blic Assistance						
Ch	Child Support Received						
Otl	Other Untaxed Income						
ТС	TAL INCOME			•	<u> </u>		
*If los surviv	s of income was due to ing parent.	vorced or separated, give only your inform the death of a spouse or parent, give only entify the source of income and explain ho	y your infor	mation or the info	ormation	of your	
All of	TIFICATION: the information on this and complete to the b	form and supporting documents est of my knowledge.		Approved Financial Aid O	Yes □	No □ Date	

Student's Signature

Date

REQUIRED DOCUMENTATION FOR EXTENUATING CIRCUMSTANCES

Loss of employment or change in employment status

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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, sepa	ration, 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 the following:

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 2019 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.