



**2023-24 SPECIAL CIRCUMSTANCES REVIEW REQUEST - DEPENDENT**

**Student's Name:** \_\_\_\_\_ **VIP ID:** \_\_\_\_\_

We recognize that the Free Application for Federal Student Aid (FAFSA) may not always portray an accurate picture of your current financial situation. If you or your parent(s) financial circumstances have changed significantly since you submitted your FAFSA, you may use this form to request a re-evaluation of your financial aid eligibility.

Carefully read this form, provide the requested information, sign the certification statement, and attach your supporting documents.

**Section A: Request to Update FAFSA Based on Special Circumstances**

**My parents are now:**                      **divorced**                      **separated**

Indicate the date of their divorce or separation: \_\_\_\_\_

Include divorce papers, court documents, or other official documents, a letter from a third-party (such as an attorney or therapist) confirming situation, and/or the most recent tax return demonstrating parents filed separately and live independently. Other documentation may be requested depending on the situation.

**I reported both parents on my FAFSA but one of my parents is now deceased.**

Indicate the date of your parent's death: \_\_\_\_\_

Include a death certificate, obituary, a letter from a third-party confirming situation, and/or a joint tax return parent identified as now deceased. Complete section B to estimate income for your surviving parent. Other documentation may be requested depending on the situation.

**My parent(s) or I will have medical/dental expenses that are not covered by insurance that they or I will pay out-of-pocket in the amount of \$\_\_\_\_\_.**

Include a statement from your health care provider that explains the illness/injury and treatment plan as well as insurance statements showing the date of treatment and the unreimbursed costs, bills or statements from your health care provider or pharmacist showing amount(s) due, canceled checks or statements demonstrating out-of-pocket payments, or paperwork regarding payment plan(s). Other documentation may be requested depending on the situation.

**My parent(s) no longer receive the following untaxed income that was reported on the FAFSA:**

*Child support received for any of their children.*

*Workers' compensation*

*Disability benefits*

*Veterans noneducation benefits*

*Other:* \_\_\_\_\_

Attach supporting documentation. Other documentation may be requested depending on the situation.

**My parent is now unemployed.**

**I am now unemployed.**

Indicate last day worked: \_\_\_\_\_

How much will the person receive in unemployment benefits per month? \$\_\_\_\_\_

**My parent's wages have been reduced.**

**My wages have been reduced.**

Indicate date when change occurred: \_\_\_\_\_

**My parent has retired.**

Indicate date retirement began: \_\_\_\_\_

How much will the parent receive in retirement benefits per month? \_\_\_\_\_

**My parent(s) no longer receive the following taxable income reported on their 2021 federal tax return:**

*Alimony.* Indicate date of original divorce or separation agreement: \_\_\_\_\_

*Business income.*

*Social Security and/or Disability benefits.* Include letter terminating benefits.

*Unemployment compensation.* Include letter or other communication terminating compensation.

*IRA distributions.* Include IRS Form 1099-R.

*Pensions and Annuities.* Include IRS Form 1099-R.

*Severance Pay*

*Other:* \_\_\_\_\_

**Section B: Estimate Income for \_\_\_\_\_ January 2023 to December 2023 -or- \_\_\_\_\_ July 2023 to June 2024**

Attach a copy of your and/or your parent(s) most recent federal tax return, including all schedules and W2's.

Attach a copy of your and/or your parent(s) most recent paycheck stub or other documentation showing year to date earnings. If your parent(s) have no earned income, submit a statement itemizing how they pay their living expenses.

Estimate gross income before taxes for the period indicated above.

Parent 1: \$ \_\_\_\_\_ Parent 2: \$ \_\_\_\_\_ Student: \$ \_\_\_\_\_

Estimate taxable income for the period indicated above.

Alimony \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_

Pensions/IRA \$ \_\_\_\_\_ Severance Pay \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

Estimate untaxed income for the period indicated above.

Child support \$ \_\_\_\_\_ Housing allowance \$ \_\_\_\_\_ Veterans benefits \$ \_\_\_\_\_

**Section C: Certification Statement**

I (we) have read the above information and I (we) declare that the information reported on this document is true and accurate. I (we) understand that the Financial Aid Office has the right to deny this request when sound documentation is not provided.

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

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date form and all documentation received: \_\_\_\_\_ Date responded to student: \_\_\_\_\_

I certify that all documents have been received and that they support the student's request. I have **approved** the request based upon the documentation.

I have **denied** this request for the following reason: \_\_\_\_\_

I have commented on RHACOMM (including reason for adjustment, dollar amount(s), and items adjusted on record).

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_