



2023-24 SPECIAL CIRCUMSTANCES REVIEW REQUEST - INDEPENDENT

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 your (and your spouse's, if you are married) 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 spouse and I are now: **divorced** **separated**

Indicate the date of your 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.

My spouse is now deceased.

Indicate the date of your spouse's death: _____

Include a death certificate, obituary, a letter from a third-party confirming situation, and/or a joint tax return where spouse is identified as now deceased. Other documentation may be requested depending on the situation.

I (we) 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.

I (we) no longer receive the following untaxed income that was reported on the FAFSA:

Child support received for any of our children.

Workers' compensation

Disability benefits

Veterans noneducation benefits

Other: _____

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

I am (or we are) now unemployed.

Indicate last day worked: _____

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

My wages have been reduced.

My spouse's wages have been reduced.

Indicate date when change occurred: _____

I have retired.

My spouse has retired.

Indicate date retirement began: _____

How much will you receive in retirement benefits per month? _____

I (we) no longer receive the following taxable income reported on my (our) 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 most recent federal tax return, including all schedules and W2's.

Attach a copy of your most recent paycheck stub or other documentation showing year to date earnings. If you have no earned income, submit a statement itemizing how you pay living expenses.

Estimate gross income before taxes for the period indicated above.

Student: \$ _____ Spouse: \$ _____

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: _____

Spouse'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: _____