2026-2027 REQUEST FOR RECONSIDERATION
BASED ON EXTENUATING CIRCUMSTANCES

Student's Name _____ ID# _____

1. Income earned in 2024 does not accurately reflect the student's and/or spouse's or parents' income in 2025 or 2026 for one of the following reasons. Check all that apply and provide documentation as required on the back of this form.

Independent Student

_____ A. loss of employment or change of employment status for student/spouse
_____ B. divorce/separation or death of a spouse
_____ C. loss of untaxed income
_____ D. additional funding needed to stay in school
_____ E. unusual medical/dental bills or disability-related expenses
_____ F. one-time income
_____ G. other unusual debt/expense (transportation related, child care, residency interviews, etc.)

Dependent Student

_____ H. parents' loss of employment or change in employment status
_____ I. student's loss of employment of change in employment status
_____ J. loss of untaxed income (Social Security benefits, pension, etc.)
_____ K. divorce/separation or death of a parent
_____ L. additional funding needed to stay in school
_____ M. unusual medical/dental bills or disability-related expenses
_____ N. one-time income
_____ O. other unusual debt/expenses (transportation related, child care, residency interviews, etc.)

2. Please complete the following chart for 2024 if **1-A, 1-B, 1-C, 1-D, 1-H, 1-I, 1-J, 1-K, or 1-L** is checked.

INCOME*	Student/Spouse	Parent
Wages, salaries, tips (include severance pay, disability payments, etc.)		
Other taxable income		
Untaxed social security benefits		
Aid to Families with Dependent Children		
Child Support Received		
Other Untaxed Income		
TOTAL INCOME		

*If you or your parents are divorced or separated, give only your information or information of your custodial parent.

*If loss of income was due to the death of a spouse or parent, give only your information or information of your surviving parent.

3. If 1-F or 1-N is checked, identify the source of income and explain how the funds were spent or invested. Explain below.

2026-2027 REQUEST FOR RECONSIDERATION
BASED ON EXTENUATING CIRCUMSTANCES

_____

_____

EXPLANATION: Please explain how your circumstances merit consideration for extenuating circumstances or attach a letter of explanation.

_____

_____

_____

_____

_____

Loss of employment or change in employment status:

To use income for 2024, please provide the following:

____A. 2024 Federal Tax Return (i.e. 1040, 1040ez, or 1040A etc.)

To estimate your projected income for 2024, please provide at least one of the following:

____A. ESD forms which indicate the amount you will receive from the unemployment benefits

____B. letter from employer detailing termination date and gross income received for 2024

____ C. unemployment papers and copy of last payroll check stub(s) reflecting year-to-date wage total

Divorce, separation or death of a spouse or parent: Provide all W-2 form(s) and one of the following:

____ A. copy of divorce decree

____ B. death certificate or death notice

Loss of untaxed income: Provide the following as appropriate:

____A. letter from the agency who provided benefits detailing termination and summary of benefits

Unusual medical/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 11% of the I.P.A.)

One time income:

Document source and amount of income and verify use of income. Discretionary expenses will be reviewed according to Federal Regulations.

Other unusual debt/expenses:

Document the debt/expense and include method of payment. (For unusual transportation expenses, must exceed 9% of the I.P.A.)

2026-2027 REQUEST FOR RECONSIDERATION
BASED ON EXTENUATING CIRCUMSTANCES

CERTIFICATION:
All of the information on this form and on the supporting documents is true and complete to the best of my knowledge.

_____
Student's Signature Date

_____
Parent's Signature (for Dependent Students only)

Approved _____ Rejected_____

_____
Director or Assistant Director

Date_____
(Enter comment in PFaids)