LAKE SUPERIOR STATE UNIVERSITY

2019-2020 Re-evaluation Request: Independent Student

When you filed your Free Application for Federal Student Aid (FAFSA) for 2019-2020, you reported actual income information from 2017. If your family circumstances have substantially changed since January of 2017, reducing your ability to contribute to your educational expenses, you can request a review of your special circumstances. Students are awarded initially based on 2017 information from the FASFA. A re-evaluation is not an assurance that you will qualify for need-based aid, or if already eligible, will qualify for additional aid. Using professional judgment to adjust your FAFSA information is done on a case-by-case basis. Furthermore, except for the Federal Pell Grant, any new award is contingent on the availability of funds at the time the re-evaluation is made.

Special circumstance adjustments for job reduction or loss are subject to change if the income you anticipate for 2019 is not accurate. Please wait to appeal until you are reasonably certain of your projected income for 2019, including unemployment.

Some reasons include:

a) Unemployment or retirement of a student or spouse
b) Death or disability
c) Separation and Divorce
d) Loss of untaxed income or child support
e) Unusual medical expenses (in excess of 11% of AGI)

If your family circumstances fall within one or more of these criteria, please follow these instructions:

1. COMPLETE THE SPECIAL CIRCUMSTANCES FORM.
2. FURNISH THIS OFFICE WITH SUPPORTIVE DATA FROM THE APPROPRIATE PERSON(S) OR AGENCY(IES) ON THEIR LETTERHEAD STATIONARY.

   For example:
   Disability of a wage earner should be supported by a letter from a doctor indicating date of disability, and any other information pertinent to the disability. Also, a statement from each source of income indicating the amount provided per week or month and the duration of support.

   Supportive data may involve a statement from a doctor, a lawyer, or employer, Government Unemployment Office, Social Security Office, Death Certificate or any other pertinent documentation.

3. IF YOU HAVE NOT ALREADY DONE SO, YOU MUST SUBMIT VERIFICATION OF YOUR 2017 INCOME ON THE FAFSA. Verification requirements are met by using the IRS Data Retrieval on the FASFA or by submitting a copy of the Tax Return Transcript for 2017, and completing a Verification for an Independent Student form for 2019-20.

Internal use **ONLY**
Reviewed:_____
Scanned: _____
EVALFI-SC2

INDEPENDENT

Special Circumstance Form

Student Name	**ID #**

Please complete form in blue or black ink. Incomplete forms will not be accepted.

1. Please review the sections below and indicate which explanation(s) applies to the reason(s) your family's 2019 income will be reduced.

❑ Death of Spouse (death must have occurred **on or after** January 1, 2018). **Submit Death Certificate.**

Date: ____/____/____
Month / Day / Year

❑ Permanent and total disability of spouse or applicant (must have occurred on or after January 1, 2018).
Date: ____/____/____
Month / Day / Year

❑ Spouse has retired; been unemployed or under-employed for at least two full months or will experience a change in employment status due to enrollment in a post secondary institution.
MUST HAVE DOCUMENTATION FROM EMPLOYER such as termination letter, layoff notice, final paystub, new paystub from current job, unemployment benefits notice, etc.

Date: ____/____/____ ❑ **INCLUDE A COPY OF YOUR 2017 FEDERAL TAX FORM**
Month / Day / Year ❑ **INCLUDE W2s and 2018 Federal tax form if appropriate.**

❑ Student has retired; been unemployed or under-employed for at least two full months or will experience a change in employment status due to enrollment in a post secondary institution.
MUST HAVE DOCUMENTATION FROM EMPLOYER such as termination letter, layoff notice, final paystub, new paystub from current job, unemployment benefits notice, etc.

Date: ____/____/____ ❑ **INCLUDE A COPY OF YOUR 2017 FEDERAL TAX FORM**
Month / Day / Year ❑ **INCLUDE W2s and 2018 Federal tax form if appropriate.**

❑ Student has become separated or divorced since January 1, 2018. **MUST SUBMIT DIVORCE DECREE.**

Date: ____/____/____ ❑ **INCLUDE A COPY OF W2s for 2017 and 2018**
Month / Day / Year

❑ Untaxed income has ceased or been reduced. Source of untaxed income _____.

Date: ____/____/____
Month / Day / Year

❑ Unusual medical expenses in excess of 11% of adjusted gross income. Must include receipt total of all bills paid of 2017 or 2018, per IRS definition of allowable medical expenses***. Summary statement of paid expenses required.***

2. You must provide an explanation detailing <u>all</u> reasons your family's 2019 income will be reduced and complete the rest of the form. (attach a separate sheet of explanation if needed)

_____

_____

_____

_____

_____

3. **Include** third party documents to support your request; e.g. Death Certificate, termination letter, Complaint for Divorce or Divorce Judgment. **This request must be submitted WITH THIRD PARTY DOCUMENTATION.** When you report income earned to date for 2019, include copies of your most recent pay stubs or unemployment benefits as verification of your amounts earned***. Remember, if reporting an income change, your 2017 W2s and Federal Tax Forms are needed.***

4. **Complete** either the student or the spouse's income change (Gross Taxed and Untaxed) below with income prior to exemptions, adjustments, or deductions; you expect to receive from **January 1, 2019 until December 31, 2019.** ***IF NONE, ENTER "0"***.

TOTAL 2019 Estimated Gross Taxable Income	**Student's Anticipated Income 2019**	**OR**	**Spouse's Anticipated Income 2019**
1. Wages, salaries, tips (received to date in 2019) **PLUS** anticipated Wages for the remainder of 2019	**$ Rec'd '19 + $ Expected**		**$ Rec'd '19 + $ Expected**
2. Severance pay	**$**		**$**
3. Pensions and annuities for 2019	**$**		**$**
4. Interest and dividend income anticipated for 2019	**$**		**$**
5. Business or farm income anticipated for 2019	**$**		**$**
6. Capital gains anticipated for 2019	**$**		**$**
7. Income received from rents after expenses paid for mortgage interest, taxes, and insurance	**$**		**$**
8. Alimony which will be received in 2019	**$**		**$**
9. Unemployment Compensation (State and/or SUB) Received to date & anticipated for remainder of 2019	**$**		**$**
10. Any other taxed income, including Social Security	**$**		**$**
Total Estimated 2019 Gross Taxable Income	**$**		**$**

TOTAL 2019 Estimated Untaxed Income	**Student's Anticipated Untax. Income 2019**	**OR**	**Spouse's Anticipated Untax. Income 2019**
1. Payments to tax-deferred pension & savings plans (paid directly or withheld from earnings). Include untaxed portion of 401(k) and 403(b) plan-W2 Box 12	**$**		**$**
2. Retirement or disability benefits anticipated for 2019	**$**		**$**
3. Workers' Compensation to be received in 2019	**$**		**$**
4. Welfare benefits including AFDC or ADC (excluding food stamps)	**$**		**$**
5. Untaxed portion of pensions	**$**		**$**
6. Living & housing allowances (excluding rent subsidies for low-income housing) for clergy, tribal, military, and others (include cash payments or cash value of benefits)	**$**		**$**
7. Child support or maintenance payments which will be received for ALL children. (Include cash support or money paid by the non-custodial parent)	**$**		**$**
8. Veterans benefits, except student's educational benefits. Include VA disability, death pension & DIC.			
9. Railroad Retirement benefits or Tribal benefits			
10. Any other untaxed income and benefits for 2019	**$**		**$**
Total 2019 Untaxed Income	**$**		**$**

Please include pay stubs and unemployment statements that support your projected 2019 income.

REMINDER: If you are requesting an income adjustment, a 2019-20 Verification Worksheet for Independent Students and a copy of your 2017 Federal Income Tax Form or Tax Return Transcript must be on file before your special circumstance request can be reviewed.

The penalty for submission of fraudulent information on this form may be repayment of TRIPLE any amount of money received plus a fine and/or imprisonment.

Student's Signature _____ Date _____ Spouse's Signature (if married) _____ Date _____

OFFICE USE ONLY

Director's Signature _____ Date _____

☐ **Approve**
☐ **Disapprove**
☐ More information required.

RETURN FORMS TO:
Lake Superior State University
Financial Aid Office
650 West Easterday Avenue
Sault Ste. Marie, MI 49783-1699
Fax: 906-635-6669
Email: finaid@lssu.edu