



Financial Aid Office

Reconsideration of Financial Status

I _____, ID# _____, hereby request a re-evaluation of my application for financial aid for the 2020-2021 year based on the special circumstances indicated below:

_____ One of my parents who earned money in 2019 has lost his/her job and has been out of work for at least 10 weeks.

- ❖ Submit a copy of his/her resignation letter or a copy of the termination notice from his/her employer. This letter should show the effective last date of employment.

_____ One of my parents changed jobs, or has retired and now has an income reduction.

- ❖ Submit a copy of separation notice, final pay stub, documentation of severance pay and 2019 W-2, and 2019 Federal Tax Return & current paystub from all sources of income.

_____ My parents have separated and/or divorced since completion of the FAFSA.

- ❖ Submit a copy of the divorce decree, or a letter from their attorney indicating their separation status.

_____ My parent(s) or spouse has died since the completion of the FAFSA.

- ❖ Submit a copy of the death certificate.

_____ My parents received a one-time taxable income from an (IRA or pension distribution).

- ❖ Submit explanation of why the funds were withdrawn and what they were used for.

_____ One of my parents received some sort of the following untaxed income: child support, unemployment, VA benefits, combat pay, and that income will not be available this year.

- ❖ Submit a copy of their termination notice from the agency.

_____ My student income has been significantly reduced in 2019.

- ❖ Submit the student's 2019 W-2, and 2019 Federal Tax Return & current paystub from all sources of income.

_____ My parent no longer receives alimony and/or receives a reduced amount.

- ❖ Submit a letter of reduction and/or termination from your attorney.

_____ My parents have unusually high medical/dental/optical expenses that they paid out-of-pocket, and were not covered by insurance.

- ❖ Submit copies of canceled checks and/or receipts paid to medical facilities.
- ❖ Submit a 2019 IRS 1040 Schedule A if you itemized medical expenses.

_____ My family has other extenuating circumstances.

- ❖ Submit a detailed letter describing the situation and any supporting documents.

Student Name _____

Student ID # _____

Answer EACH line with an amount or “zero” if it does not apply. A re-evaluation of your application can only be requested for ONE calendar year – either 2019 or 2020 . Please indicate below which year your income will decrease.				
Taxable Income for calendar year 2019 or 2020 Please indicate in the blank below the year you would like to have re-evaluated. _____	Father	Mother	Student	Student’s Spouse
Estimate anticipated wages from today’s date through Dec. 31, 2020 <i>Please document how the wages are calculated</i>				
Unemployment income to date and/or anticipated in 2020				
Severance, paid time off or vacation pay out (if not included in gross wages)				
Taxable pension				
Taxable income from 401K disbursements or other existing assets				
Other taxable income (List Source)				
Types of Untaxed Income				
Housing allowance for military or clergy				
Workers compensation				
Untaxed disability or social security benefits				
Child support received for all members of your household				
Untaxed pension				
Other untaxed income				

If a copy of your monthly or yearly statement for any taxable and or untaxed income reported is not provided – the re-evaluation will be considered incomplete and not processed until proof of anticipated earnings is submitted.

Certification: By submitting the 2020-2021 Reconsideration of Financial Status, I/we certify the information provided is accurate and authorize the Financial Aid Office to perform necessary electronic corrections to the FAFSA on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we also understand if we purposely give false or misleading information I/we may be fined, sentenced to jail, or both.

***** Please remove all Personally Identifiable Information (PII) from your documents. This may include social security numbers, and date of birth. *****

Please return to:
 Chowan University Financial Aid Office * One University Place * Murfreesboro, NC 27855
 Fax 252-398-6513 * Email finaid@chowan.edu * Phone 252-398-6535

Upload forms online at netpartner.chowan.edu

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