

REQR

## Financial Aid Appeal for Reconsideration 2017-2018

### Purpose of Form

Through the Higher Education Act (HEA), Student Financial Services has been granted the authority to exercise professional judgment to account for a student's special circumstances that differentiate his/her current financial or family situation from that reported on the Free Application for Federal Student Aid (FAFSA). By submitting the Financial Aid Appeal for Reconsideration form, a student is requesting consideration for a specific change in his/her financial or family's circumstances.

**Please read the instructions completely before completing the form. If after reading them you find that you have questions about how to proceed, please contact our office for guidance. We want to be sure that you have a clear understanding of all that is required for your specific circumstance before you submit the Appeal form.**

### Timeline

Appeals for Reconsideration will be reviewed on an ongoing basis throughout the 2017-2018 academic year. The first priority of Student Financial Services (SFS) is to provide all students with their initial financial aid awards. In the likely event that we do not review your appeal prior to the start of the Fall 2017 term, you should expect to start the school year with your original official financial aid package for the academic year. For additional options for paying the bill by the due date, please refer to <http://sfs.virginia.edu/undergrad/otheroptions>.

### General Instructions

The situations listed on this form are those that our office will review for potential impacts to your financial aid eligibility. For each situation that represents the change in your financial or family's circumstances, check the box in the left hand column. The documentation that must be submitted for each circumstance is listed in the right hand column. In addition to the documentation listed, you must also submit a detailed statement to explain the change in your financial or family circumstances. Please include the dates of all changes that pertain to your situation.

Generally, we cannot review appeals that span multiple years. It is, however, possible for you to appeal for multiple reasons. For instance, a student may submit appeal documentation for death of a parent *and* reduction of income in 2016. However, you cannot appeal for excessive medical expenses in 2016 *and* 2017 because that spans multiple years; instead, you should choose the single calendar year for which you would like to provide all of the required documentation. **If your appeal is approved and revisions are made to your financial aid, you may not appeal again during this academic year.** Please contact us if you wish to discuss whether or not it would be possible to appeal for multiple reasons.

If your file has been selected by the U.S. Department of Education for federal verification, this must be completed before our office can exercise professional judgment. Please remember to monitor your To Do List in SIS for additional requests such as income tax documents, institutional forms, or statements to clarify previously submitted information. All Student Financial Services forms can be found at <http://sfs.virginia.edu/forms>. Appeals will only be reviewed once all required documentation has been submitted.

### Parent (or Student) Estimated Income Forms

Since appeals may not be reviewed until after Fall 2017, we will publish the *Parent (and Student) Estimated Income Forms* in the Fall to ensure that we are collecting the most current information at the time of review. If you are appealing for any reason that requires these forms, the earliest you will be able to submit a completed appeal will be Fall 2017. If you submit an incomplete appeal before the Estimated Income Forms become available, we will place a request for the appropriate form on your To Do List in SIS when it becomes available.

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**Divorce or Separation after Filing the FAFSA**

In many cases, we will have already corrected your or your parent(s)' marital status to be correct at the time we reviewed your application. Please note that when this happens, your financial aid awards already reflect your maximum eligibility. Please contact our office if you would like to know whether a change in marital status has already been considered.

Adjustments to a financial aid award as a result of submitting an Appeal for Reconsideration are neither guaranteed nor immediate and depend upon the availability of funding. Forms received without the appropriate signature(s) or missing information are considered incomplete and will need to be corrected and resubmitted.

Our office will send notification of the outcome of your appeal once our review is complete.

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Student's University ID:  -  or SIS ID:

Student's Full Name: \_\_\_\_\_  
 (LEGAL NAME - PRINT) first middle last

All students must submit with their Appeal for Reconsideration a signed, detailed description of the reason(s) for the appeal. My <b>required</b> signed statement detailing the change in financial or family circumstances is attached.	<input type="checkbox"/> Yes
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Loss or Reduction of Income	
<input type="checkbox"/> Loss of employment	<p>All individuals appealing for this reason must submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A letter from the former employer on company letterhead detailing employee's termination date, reason for separation and amount of any benefits or severance pay.</li> <li><input type="checkbox"/> Unemployment benefit or denial letter from your local department of labor.</li> </ul> <p>If the loss of employment occurred in <b>2016</b>, and you are requesting that we use data from <b>2016</b>, also submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of parent(s)' (or student/spouse's) 2016 federal tax return.</li> </ul> <p>If the loss of employment occurred in <b>2016 or 2017</b>, and you are requesting that we use data from <b>2017</b> also submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of parent(s)' (or student/spouse's) 2016 federal tax return.</li> <li><input type="checkbox"/> Copy of year-to-date pay stub to reflect gross earnings for each job in which income was earned in 2017.</li> <li><input type="checkbox"/> A completed <i>Parent (or Student) Estimated Income Form</i>.</li> </ul>
<input type="checkbox"/> Reduction of employment	<p>All individuals appealing for this reason must submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A letter from employer on company letterhead detailing employee's reduction of income, date reduction began and reason for reduction.</li> </ul> <p>If the reduction of employment occurred in <b>2016</b>, and you are requesting that we use data from <b>2016</b>, also submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of parent(s)' (or student/spouse's) 2016 federal tax return.</li> </ul> <p>If the reduction of employment occurred in <b>2016 or 2017</b>, and you are requesting that we use data from <b>2017</b>, also submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of parent(s)' (or student/spouse's) 2016 federal tax return.</li> <li><input type="checkbox"/> Copy of year-to-date pay stub to reflect gross earnings for each job in which income was earned in 2017.</li> <li><input type="checkbox"/> A completed <i>Parent (or Student) Estimated Income Form</i>.</li> </ul>

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Student's University ID:  -  or SIS ID:

<b>Loss or Reduction of Income (Continued)</b>	
<input type="checkbox"/> Reduction of Untaxed Income or Benefits	<p>All individuals appealing for this reason must submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For benefits such as Social Security, Workers' Compensation, etc., a copy of a letter from the appropriate state or federal agency that specifies the termination/reduction date, and the amount of the benefits.</li> <li><input type="checkbox"/> For child support, a print out or a copy of a court order that specifies termination or reduction date and the amount of support.</li> </ul> <p>If the reduction occurred in <b>2016</b>, also submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of parent(s)' (or student/spouse's) 2016 federal tax return.</li> </ul> <p>If the reduction occurred in <b>2017</b>, also submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of parent(s)' (or student/spouse's) 2016 federal tax return.</li> <li><input type="checkbox"/> A completed <i>Parent (or Student) Estimated Income Form</i>.</li> </ul>

<b>Medical, Dental, or Handicap Expenses</b>	
<p>Please note that you may appeal only once and for one calendar year only when you appeal for one of these reasons. Submit all of the documentation that corresponds to the single year (2015, 2016 or 2017) for which you are appealing. SFS may request additional statements of family income and expenses if you are appealing for these reasons.</p>	
<input type="checkbox"/> Excessive Medical or Dental Expenses	<p>All individuals appealing for this reason must submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Official documentation (e.g. receipts of payment, doctor/hospital/prescription bills, etc.) detailing the medical or dental expenses <b>paid out-of-pocket</b> (not incurred) during 2015, 2016 <u>or</u> 2017, which were not covered by insurance.</li> </ul> <p>If the excessive medical or dental expenses occurred in <b>2015</b>, also submit the following (if not already submitted):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A copy of the 2015 federal tax return with schedule A.</li> <li><input type="checkbox"/> A completed 2017-2018 <i>Family Income and Expense Form</i>.</li> </ul> <p>If the excessive medical or dental expenses occurred in <b>2016</b>, also submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A copy of the 2016 federal tax return with schedule A.</li> </ul> <p>If the excessive medical or dental expenses occurred in <b>2017</b>, also submit the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A copy of year-to-date pay stubs to reflect gross earnings in 2017.</li> </ul>

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<b>Medical, Dental, or Handicap Expenses (Continued)</b>	
<input type="checkbox"/> Expenses for handicapped dependent	<input type="checkbox"/> Proof of specific handicap from agency or doctor. <input type="checkbox"/> Official documentation of required expenses <b>paid out-of-pocket</b> during 2015, 2016 <u>or</u> 2017, such as receipts or statement of services. <input type="checkbox"/> Copies of all 2015 <u>or</u> 2016 SSA-1099 forms received by member(s) of the household, if applicable.

<b>Other Changes in Circumstances</b>	
<input type="checkbox"/> Death of parent or spouse after filing the FAFSA	<input type="checkbox"/> A copy of the death certificate or obituary. <input type="checkbox"/> A statement regarding value of life insurance payment(s).  <i>Student Financial Services may request additional statements of income and earnings.</i>
<input type="checkbox"/> Divorce or Separation after filing the FAFSA	<input type="checkbox"/> A copy of the divorce decree or separation agreement (from a lawyer or court). <input type="checkbox"/> A signed statement to explain change in marital status, including all relevant dates, such as the date of divorce or separation and the date moved into separate residences. <input type="checkbox"/> Documentation of living in separate residences (i.e., utility bills, lease, etc.). <input type="checkbox"/> A completed <i>Asset Information Request Form</i> . <input type="checkbox"/> For dependent students only: A <i>Non-custodial Parent Form</i> , completed by the non-custodial parent.
<input type="checkbox"/> Receipt in 2015 of a past due payment of Social Security Benefits	<input type="checkbox"/> Copies of all SSA-1099 forms received for 2015. <input type="checkbox"/> A copy of the 2015 federal tax return (if not already submitted).

**CERTIFICATION STATEMENT:** I certify that I have read and understand the instructions on pages 1 and 2 of this form, and that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.

STUDENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
 (required if student is dependent)