

2018-2019 Eligibility Re-Evaluation Form

351 W. University Blvd • Cedar City, UT 84720 • (435) 586-7735 • (435) 586-7736 (fax)
• <http://www.suu.edu/financialaid>

T Number: _____

Phone Number: _____

Student's Name: _____

Email Address: _____

STEP 1: CHECK THE REASON(S) YOU ARE REQUESTING AN INCOME ADJUSTMENT AND ATTACH THE ADDITIONAL REQUIRED DOCUMENTATION PER SITUATION:

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| <p><input type="checkbox"/> Loss of parent/student income from work due to layoff, termination, or reduction of hours:</p> <ul style="list-style-type: none"> ▪ Documentation from former employer confirming loss of income and date of separation. ▪ Copy of last pay stub from previous job showing year to date earnings. ▪ Copy of most recent pay stub from current job (if applicable). <p><input type="checkbox"/> Loss of Unemployment Compensation:</p> <ul style="list-style-type: none"> ▪ Letter from unemployment office stating start/end dates and benefit amount. <p><input type="checkbox"/> Loss of Social Security Benefits:</p> <ul style="list-style-type: none"> ▪ Letter from the Social Security Administration stating start/end dates and benefit amount. <p><input type="checkbox"/> Loss of Child Support:</p> <ul style="list-style-type: none"> ▪ A Letter or court document stating the start/end dates and amount. <p><input type="checkbox"/> Loss of Workers Compensation Benefits:</p> <ul style="list-style-type: none"> ▪ Letter from Bureau of Workers Compensation stating start/end dates and benefit amount. | <p><input type="checkbox"/> Death of Parent or Spouse:</p> <ul style="list-style-type: none"> ▪ Copy of death certificate <p><input type="checkbox"/> Divorce, or Separation:</p> <p>Attach a letter of explanation, including the following:</p> <ul style="list-style-type: none"> ▪ date of divorce/separation if it occurred after filing the FAFSA ▪ list current household members, relationship and age ▪ monthly child support you will receive in 2017 ▪ other assets you will receive in 2017 based upon divorce decree (provide a copy of your divorce decree). <p><input type="checkbox"/> A one-time, nonrecurring income received during 2017:</p> <ul style="list-style-type: none"> ▪ Documentation identifying the source of the income, how the funds were spent, and the amount of remaining fund, if any. <p><input type="checkbox"/> Medical and/or Dental: (Exceeding 10% of your household income)</p> <ul style="list-style-type: none"> ▪ Attach verification of amount paid that was not covered by insurance. <p><input type="checkbox"/> Other: _____</p> <ul style="list-style-type: none"> ▪ Attach a detailed letter and supporting documentation to support the circumstance |
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STEP 2: ATTACH A LETTER OF EXPLANATION

- A detailed letter explaining your special circumstances and date your income was reduced.

STEP 3: ATTACH VERIFICATION DOCUMENTS

- Include a completed Dependent or Independent Verification Worksheet.
- 2017** Tax Return and copies of all **2017** W2's. Dependent students will also need a tax return for their parents, and married students will need a tax return for their spouse (if not filed jointly).
- For adjustments to income **processed after Jan 1, 2019**, students and parents will be asked to provide **2018** tax forms and W-2's.

STEP 4: COMPLETE CERTIFICATION STATEMENT - *Your signature on this document confirms your acknowledgement of the following:*

- The information submitted for review is true and correct to the best of your knowledge.
- You have read each section and have provided the required documentation.
- Additional documentation may be required upon request.
- Changes resulting from this review do not guarantee an increase in aid.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

For Office Use Only: RRAAREQ Code: SPEC

- Approved
 Denied

Committee:
Projection: