

# 2019-2020 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"/> <b>Loss of parent/student income from work due to layoff, termination, or reduction of hours:</b></p> <ul style="list-style-type: none"> <li>▪ Documentation from former employer confirming loss of income and date of separation.</li> <li>▪ Copy of last pay stub from previous job showing year to date earnings.</li> <li>▪ Copy of most recent pay stub from current job (if applicable).</li> </ul> <p><input type="checkbox"/> <b>Loss of Unemployment Compensation:</b></p> <ul style="list-style-type: none"> <li>▪ Letter from unemployment office stating start/end dates and benefit amount.</li> </ul> <p><input type="checkbox"/> <b>Loss of Social Security Benefits:</b></p> <ul style="list-style-type: none"> <li>▪ Letter from the Social Security Administration stating start/end dates and benefit amount.</li> </ul> <p><input type="checkbox"/> <b>Loss of Child Support:</b></p> <ul style="list-style-type: none"> <li>▪ A Letter or court document stating the start/end dates and amount.</li> </ul> <p><input type="checkbox"/> <b>Loss of Workers Compensation Benefits:</b></p> <ul style="list-style-type: none"> <li>▪ Letter from Bureau of Workers Compensation stating start/end dates and benefit amount.</li> </ul> | <p><input type="checkbox"/> <b>Death of Parent or Spouse:</b></p> <ul style="list-style-type: none"> <li>▪ Copy of death certificate</li> </ul> <p><input type="checkbox"/> <b>Divorce, or Separation:</b></p> <p>Attach a letter of explanation, including the following:</p> <ul style="list-style-type: none"> <li>▪ date of divorce/separation if it occurred after filing the FAFSA</li> <li>▪ list current household members, relationship and age</li> <li>▪ monthly child support you will receive in 2018</li> <li>▪ other assets you will receive in 2018 based upon divorce decree (provide a copy of your divorce decree).</li> </ul> <p><input type="checkbox"/> <b>A one-time, nonrecurring income during 2017 /2018:</b></p> <ul style="list-style-type: none"> <li>▪ Documentation identifying the source of the income, how the funds were spent, and the amount of remaining fund, if any.</li> </ul> <p><input type="checkbox"/> <b>Medical and/or Dental:</b> (Exceeding 10% of your household income)</p> <ul style="list-style-type: none"> <li>▪ Attach verification of amount paid that was not covered by insurance.</li> </ul> <p><input type="checkbox"/> <b>Other:</b> _____</p> <ul style="list-style-type: none"> <li>▪ Attach a detailed letter and supporting documentation to support the circumstance</li> </ul> |
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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.
- 2018** Tax Return Transcript and copies of all **2018** W2's. Dependent students will also need a tax return transcript for their parents, and married students will need a tax return transcript for their spouse (if not filed jointly).
- For adjustments to income **processed after Jan 1, 2020**, students and parents will be asked to provide **2019** 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: