2015 – 2016 REQUEST FOR INDEPENDENT STUDENT RE-EVALUATION

BY COMPLETING THE FORM, I, THE STUDENT, HEREBY REQUEST A RE-EVALUATION OF MY APPLICATION FOR FINANCIAL AID FOR THE 2015-2016 ACADEMIC SCHOOL YEAR BASED ON THE SPECIAL CIRCUMSTANCES INDICATED BELOW:

_____I worked full-time in 2014 (at least 35 hours a week for at least 30 weeks; however, I am no longer employed full-time. Submit a copy of your resignation letter or a copy of the termination notice from his/her employer. This letter should show the effective last date of employment.

_____My job status has changed and I have a reduction in income. (Explanation required).

_____Since completing my financial aid application, I am no longer married due to a separation, divorce, or death of my spouse. Submit a copy of the divorce decree, death certificate, or a letter from their attorney indicating the separation status.

_____My spouse earned money in 2014 but has lost his/her job for at least 10 weeks in 2015. Submit a copy of his/her resignation or a copy of his/her termination notice from the employer. This letter should show last date of employment.

_____I, or my spouse, earned money in 2014 but have not been able to earn money in the usual way for at least 10 weeks because of a disability or natural disaster that happened in 2014 or 2015. Submit a letter from your physician indicating the nature of your disability, or submit a letter from the appropriate state or federal agency indicating that your area has been designated an area eligible for natural disaster relief.

_____I, or my spouse, received unemployment compensation or some untaxed income in 2014 but have completely lost that income or benefit in 2015. Submit a copy of your termination notice from the Unemployment Agency in your state.

_____I, or my spouse have unusually high medical/dental/optical expenses paid out-of-pocket, not covered by insurance in 2015. We are unable to adjust your information for expenses incurred in 2014 since these expenses should be reflected on your current tax return. Submit copies of canceled checks and/or receipts to medical facilities paid only during 2015.

Every student should submit a signed copy of the 2014 Federal Tax Return with this application. Your tax return is not acceptable without your signature. Any request submitted will not be processed until all required documents have been received. The normal processing time is 2-4 weeks once the file is complete.

Provide itemized estimates of your total 2015 calendar year income. These amounts should include income from all sources from January 1, 2015 through December 31, 2015.

-continued on the back or next page-
FAFSA STUDENT'S INFORMATION

Student’s Income from Work $ ____________________ year

Name Student’s Employer: ____________________________________________

Address of Student’s Employer: _________________________________________

                  Street/PO Box      Apt. No.   City, State               Zip Code

Student’s Other Income** $ _______________________ year
**Include child support, unemployment compensation, interest/dividend income, rental income, alimony, disability benefits, pension and any other sources of income.

SPouse’S INFORMATION

Spouse’s Income from Work $ ____________________ year

Name Spouse's Employer: ____________________________________________

Address of Spouse’s Employer: _________________________________________

                  Street/PO Box      Apt. No.   City, State               Zip Code

Spouse’s Other Income** $ _______________________ year
**Include child support, unemployment compensation, interest/dividend income, rental income, alimony, disability benefits, pension and any other sources of income.

CERTIFICATION AND SIGNATURES: I/We certify that all of the information on this form is complete and correct to the best of my knowledge. If asked, I agree to provide whatever documentation is requested by the JSU Office of Student Financial Services to prove the accuracy of this information.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both. The law states that J.S.U. has the right to ask you for information and request additional documentation before you are awarded any financial aid. See the instructions in the Free Application for Federal Student Aid (FAFSA). J.S.U. must review the requested information (C.F.R. Title 34, Part 668, the student financial aid program rules).

Student’s Signature: _________________________________ Date: __________

JSU Student ID Number: _________________

SCHOOL USE ONLY

 ACCEPT Request

REJECT Request

Total 2015 Taxable Income: $ __________________________ Total 2015 Untaxable Income: $ __________________________

Federal Income Tax Owed 2015: $ __________________________

Reason: ____________________________________________________________________________________________

Signature of Financial Aid Officer: _________________________________ Date: __________________