



UNIVERSITY OF ALASKA FAIRBANKS
 FINANCIAL AID OFFICE
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FA PJSPEC
 16-17

2016-2017 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

Use this form to request a re-evaluation of your financial situation for 2016-2017.

Name: _____ UA ID#: _____
 (please print clearly)

Phone Number: _____ Email: _____

INSTRUCTIONS: You may use this form to request a review of special financial circumstances which were not reflected on your 2016-2017 financial aid application (FAFSA).

Before completing this form, please read each section carefully to determine which might apply to you. Fill out any required worksheets **completely** and gather all requested documentation before submitting this form to the financial aid office.

The following are examples of circumstances that **may** allow the financial aid office to adjust your FAFSA financial information. If one or more of them applies to you, please check the box(es) and attach the requested documentation for each section that applies to you.

A. The student, married student’s spouse, or dependent student’s parent(s) were employed during 2015 but have been terminated, laid off, or had a reduction in pay/hours since completing the FAFSA.

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places. If the situation pertains to the parent(s) of a dependent student, the statement must also be signed by a parent.
2. Any available documentation verifying your status. This may include a layoff/termination notice, pay stubs, records of unemployment benefits, a statement from your employer, etc.
3. Complete the **INCOME WORKSHEET** on page 4 of this document to report your actual and/or expected income for the 2016-2017 school year.
4. Read and sign the student/parent certification on page 5 of this document.

B. The student, married student's spouse, or dependent student's parent(s) will have a reduction of benefits or child support since completing the FAFSA.

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places. If the situation pertains to the parent(s) of a dependent student, the statement must also be signed by a parent.
2. Any available documentation verifying your status. This may include benefit summary statements, deposit/bank records, court documents, letters or other correspondence from the benefit agency, etc.
3. Complete the **INCOME WORKSHEET** on page 4 of this document to report your actual and/or expected income for the 2016-2017 school year.
4. Read and sign the student/parent certification on page 5 of this document.

C. The student or dependent student's parents were married at the time of completing the FAFSA but have since divorced.

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places. If the situation pertains to the parent(s) of a dependent student, the statement must also be signed by a parent.
2. Copies of the divorce or dissolution court documents.
3. 2015 W-2 forms, pay stubs, or other documentation that can show the student's income separate from the ex-spouse's income or the supporting parent's income separate from the ex-spouse's income.
4. Read and sign the student/parent certification on page 5 of this document

D. The spouse of a married student or one parent of a dependent student has died since completing the FAFSA.

If the above applies to you, please provide the following to the financial aid office:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places. If the situation pertains to the parent(s) of a dependent student, the statement must also be signed by a parent.
2. Documentation regarding the death of the spouse or parent. This may include a death certificate, newspaper obituary, materials from a funeral or memorial service, etc.
3. 2015 W-2 forms, pay stubs, or other documentation that can show the student's income separate from the deceased spouse's income or the surviving parent's income separate from the deceased parent's income.
4. Read and sign the student/parent certification on page 5 of this document.

E. During calendar years 2015 or 2016, the student or student's family encountered extraordinary expenses such as medical bills, moving costs, household repairs due to fire or natural disaster, etc.

NOTE: Regular housing and living expenses, vehicle purchase and maintenance, and credit card or other consumer debt are NOT considered extraordinary expenses.

If the above applies to you, please provide the financial aid office with the following:

1. A signed statement in your own words describing your situation. Please include all relevant details including names, dates, and places. If the situation pertains to the parent(s) of a dependent student, the statement must also be signed by a parent.
2. Documentation of your expenses. This may include medical bills, contractor's quote/estimate, appraisals, etc. If your expenses are medical/dental related, please make sure that your documentation specifies the amount you and/or your family are responsible for paying **after** any insurance payments are applied.
3. Read and sign the student/parent certification on page 5 of this document.

INCOME WORKSHEET

INSTRUCTIONS: Enter your actual or projected income for all the months listed. Include ALL types of cash income including salary/wages, child support, investment income, social security, military allowances, and other benefits. Enter an amount for each month listed, even if the amount is \$0.

STUDENT

PARENT(S) (of dependent student) or SPOUSE (of married student)

Month	Income	Source(s)	Month	Income	Source(s)
Jan 2016	_____	_____	Jan 2016	_____	_____
Feb 2016	_____	_____	Feb 2016	_____	_____
Mar 2016	_____	_____	Mar 2016	_____	_____
Apr 2016	_____	_____	Apr 2016	_____	_____
May 2016	_____	_____	May 2016	_____	_____
Jun 2016	_____	_____	Jun 2016	_____	_____
Jul 2016	_____	_____	Jul 2016	_____	_____
Aug 2016	_____	_____	Aug 2016	_____	_____
Sep 2016	_____	_____	Sep 2016	_____	_____
Oct 2016	_____	_____	Oct 2016	_____	_____
Nov 2016	_____	_____	Nov 2016	_____	_____
Dec 2016	_____	_____	Dec 2016	_____	_____
Jan 2017	_____	_____	Jan 2017	_____	_____
Feb 2017	_____	_____	Feb 2017	_____	_____
Mar 2017	_____	_____	Mar 2017	_____	_____
Apr 2017	_____	_____	Apr 2017	_____	_____
May 2017	_____	_____	May 2017	_____	_____
Jun 2017	_____	_____	Jun 2017	_____	_____

STUDENT/PARENT CERTIFICATION

Read carefully before you sign:

I hereby certify that all information contained in this request for review of special circumstances, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied and my eligibility for federal, state, and institutional student aid jeopardized. I authorize the University of Alaska Fairbanks to verify any information provided by me in this request and any other information pertaining to my financial aid eligibility.

Note: Federal regulations stipulate that suspicion of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General.

Student Signature

Date

Parent Signature (required for DEPENDENT students)

Date