



UNIVERSITY OF ALASKA FAIRBANKS
 FINANCIAL AID OFFICE
 107 EIELSON BUILDING, PO BOX 756360
 FAIRBANKS, AK 99775-6360
 (907) 474-7256 or 1-888-474-7256
 Fax Number: (907) 474-7065
 uaf-financialaid@alaska.edu

FA PJSPEC
 19-20

2019-2020 REQUEST FOR REVIEW OF SPECIAL CIRCUMSTANCES

Use this form to request a re-evaluation of your financial situation for 2019-2020.

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 2019-2020 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 2017 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. Student, spouse, or parent(s) 2018 tax return transcripts from the IRS. These can be retrieved online at <https://www.irs.gov/individuals/get-transcript>.
4. Complete the **INCOME WORKSHEET** on page 4 of this document to report your actual and/or expected income for the 2019-2020 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 2019-2020 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. 2017 or 2018 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. 2017 or 2018 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 2018 or 2019, 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 2019 | _____ | _____ | Jan 2019 | _____ | _____ |
| Feb 2019 | _____ | _____ | Feb 2019 | _____ | _____ |
| Mar 2019 | _____ | _____ | Mar 2019 | _____ | _____ |
| Apr 2019 | _____ | _____ | Apr 2019 | _____ | _____ |
| May 2019 | _____ | _____ | May 2019 | _____ | _____ |
| Jun 2019 | _____ | _____ | Jun 2019 | _____ | _____ |
| Jul 2019 | _____ | _____ | Jul 2019 | _____ | _____ |
| Aug 2019 | _____ | _____ | Aug 2019 | _____ | _____ |
| Sep 2019 | _____ | _____ | Sep 2019 | _____ | _____ |
| Oct 2019 | _____ | _____ | Oct 2019 | _____ | _____ |
| Nov 2019 | _____ | _____ | Nov 2019 | _____ | _____ |
| Dec 2019 | _____ | _____ | Dec 2019 | _____ | _____ |
| Jan 2020 | _____ | _____ | Jan 2020 | _____ | _____ |
| Feb 2020 | _____ | _____ | Feb 2020 | _____ | _____ |
| Mar 2020 | _____ | _____ | Mar 2020 | _____ | _____ |
| Apr 2020 | _____ | _____ | Apr 2020 | _____ | _____ |
| May 2020 | _____ | _____ | May 2020 | _____ | _____ |
| Jun 2020 | _____ | _____ | Jun 2020 | _____ | _____ |

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