

PORTLAND STATE UNIVERSITY

Office of Student Financial Aid and Scholarships

Student's Name: _____ ID#: _____
(Please print) Last First

2019-2020 Parent Re-evaluation of the Free Application for Federal Student Aid (FAFSA)

The Office of Student Financial Aid and Scholarships may exercise professional judgment to re-evaluate student's financial information for involuntary circumstances. Please follow each step and instruction; missing steps or documentation may cause your request to be considered incomplete.

As the parent(s), you may be eligible for this re-evaluation if you have experienced any of the following:

Involuntary Loss of Income – You may qualify for this adjustment if involuntary circumstances caused a significant change to your 2018 household income from your household's 2017 income. Please submit the following documentation:

Personal statement (signed and dated) detailing your change in financial situation

2017 tax return transcript or signed copy of form 1040/1040A/1040EZ

2018 tax return transcript or signed copy of form 1040/1040A/1040EZ

Documentation of the involuntary nature of your change in circumstance

e.g. letter of termination from an employer, legal statement of change in alimony or child support amount, statement of reduction in social security benefits, etc. **If you are receiving, have received, or will receive unemployment benefits, you must submit an unemployment benefit statement for all periods that benefits have been paid.**

Excessive Medical/Dental Expenses – You may qualify for this adjustment if your household's out-of-pocket medical expenses were excessive during the 2017 tax year. Please take the following steps:

Complete the attached "**Medical/Dental Expense Form.**"

Attach a **signed and dated** personal statement detailing your circumstances.

Provide a statement from each medical, dental or insurance provider documenting the amount you paid after insurance was billed between January 1, 2017 and December 31, 2017.

Change of Marital Status – You may qualify for this adjustment if you have been divorced, separated, or widowed since the FAFSA was completed. Please take the following steps:

Complete the attached "**Change of Marital Status Form.**"

Attach a **signed and dated** personal statement detailing your circumstances.

Attach a copy of your 2017 tax return transcript or signed copy of form 1040/1040A/1040EZ

Attach all 2017 W-2s and/or income statements

Attach documentation that may be applicable to your situation.

e.g. marriage certificate, death certificate, statement of divorce, proof of separate address.

Please keep in mind that after reviewing your initial request and documentation, additional information may be requested if needed. In addition, please be advised that approval of your re-evaluation request does not guarantee eligibility for additional federal student aid.

Student's Name: _____

ID#: _____

Medical/Dental Expense Form

If you had excessive out of pocket medical and/or dental bills for the 2017 tax year, please use this form to itemize amounts and dates of your medical expenses and **attach your medical/dental bills.** You must be able to document your **after insurance** expenses for 2017.

Please attach a copy of all medical/dental bills. We will only consider expenses that are documented.

Patient Name	Date of Service	Service Provider Name	Amount Due after Insurance
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
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**Portland State University
PO Box 851
Portland, OR
97207-0851**

**Phone: 503-725-3461
Toll Free: 800-547-8887
FAX #: 503-725-5965**

All the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Parent's signature

Date

Student's Name: _____

ID#: _____

Change of Marital Status Form

If a section does not apply to you, indicate zero or not applicable. Blank answers may cause your request to be considered incomplete and a new form will have to be submitted.

Current Marital Status

Indicate your marital status as of today:

Married

Remarried

Separated

Divorced

Widowed

_____ Date of most recent marital status change
MM/DD/YY

_____ Number of family members in your household, which includes yourself, your spouse (if married today); your children who receive **more than half** their support from you from July 1, 2019 through June 30, 2020; and other people who live with you and you provide **more than half** of their support and you will continue to provide **more than half** of their support from July 1, 2019 through June 30, 2020.

_____ Number of above family members who are, or will be, attending college in the 2019-2020 school year. Always count the student, plus any other family members who attend at least half-time. **Parents cannot be counted as a family member attending college on their student's financial aid application.**

Sources of Untaxed Income

If you have experienced a change in untaxed sources of income (i.e. child support, alimony, spousal support, etc.) due to the change of your marital status, please indicate the type and annual amount below:

Type of Income	Amount for 2017	Amount for 2018
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Division of Assets

If a division of assets (i.e. real estate, investments, etc.) occurred due to the change of your marital status attach documentation of type, value, debt secured by the asset, and percentage of ownership. If no documentation is attached we will assume the asset value is unchanged.

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