

Office of Student Financial Aid and Scholarships

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

2019-2020 Student 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 a 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.

You may be eligible for this re-evaluation if you (or your spouse) 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 for 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 aid 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 married, 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

If now married, please submit:

Copies of your AND your spouse's 2017 tax return transcript or signed copies of your 1040/1040A/1040EZ

Copy of marriage certificate

If now separated/divorced/widowed, please submit:

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

All 2017 W-2s and/or income statements

Documentation of your situation such as 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.

		ID#:		
	Medical/De	ental Expense Form		
emize amounts and	e out of pocket medical and/or of dates of your medical expenses rinsurance expenses for 2017.		year, please use this form to lental bills. You must be able to	
Please attach a	copy of all medical/dental bills	s. We will only consider ex	spenses that are documented.	
Patient Name	Date of Service	Service Provider Name	e Amount Due after	
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	Partland State University	Phone: 5	03-725-3461	
Portland State University PO Box 851 Portland, OR 97207-0851			00-547-8887	
			503-725-5965	
	included is true and complete to f of the information I have subm		If asked by an authorized offici	
Student's signature			<u>e</u>	

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/your spouse from July 1, 2019 through June 30, 2020; and other people who live with you/your spouse 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 S S S If a division of Assets If a division of Assets Portland State University Phone: 503-725-3461 PO Box 851 Toll Free: 800-547-8887 Portland, OR FAX #: 503-725-5965 POTANA, OR FAX #: 503-725-5965 All the information in cluded 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. Student's signature Date	Student's Name:			ID#:		
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