

## 2019-2020 Special Circumstance Re-evaluation Request Form

When a student and/or their families experience a change in circumstances (such as a loss of income or an increase in non-discretionary expenses), the income information, which was provided on the free Application For Federal Student Aid (FAFSA) or the cost of attendance established by the Financial Aid Office, may no longer accurately reflect the real financial situation. In some cases, the Financial Aid Office may be able to adjust income information or the cost of attendance based on these "Special Circumstances". Adjustments to income or cost of attendance, however, do not guarantee that additional financial aid will be awarded.

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Were you required to provide parental information? Yes \_\_\_\_\_ No \_\_\_\_\_

If you experienced one or more of the following changes in your **income or expenses**, re-evaluation of your 2019-2020 financial aid award package may be possible (*Please check all that apply*):

### Loss of Income

- |   |   |
|---|---|
| <input type="checkbox"/> Job Termination                      | <input type="checkbox"/> Child Support Paid         |
| <input type="checkbox"/> Job Change                           | <input type="checkbox"/> Medical Expenses           |
| <input type="checkbox"/> Reduced Hours                        | <input type="checkbox"/> Dental Expenses            |
| <input type="checkbox"/> Disability                           | <input type="checkbox"/> Nursing Home               |
| <input type="checkbox"/> Retirement                           | <input type="checkbox"/> Funeral Expenses           |
| <input type="checkbox"/> Divorce                              | <input type="checkbox"/> Required Education Expense |
| <input type="checkbox"/> Separation                           | <input type="checkbox"/> Transportation Expenses    |
| <input type="checkbox"/> Death of Spouse                      |   |
| <input type="checkbox"/> Loss or Reduction of Social Security |   |
| <input type="checkbox"/> Benefits, Child Support or Alimony   |   |

Please write or type a brief narrative detailing the circumstances leading to the request for re-evaluation. Please be very specific in your narrative (i.e., provide dates, names of employers, if applicable) so that we can be specific with our requests for documentation. If you need additional space or prefer to type your narrative. Please attach a separate page. Our staff will then send a request detailing the documentation needed to process your re-evaluation. Examples of requested documentation may include federal income tax documents, employment termination letters, paystubs, copies of paid bills or receipts, court documents and other document as necessary.

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Haskell Indian Nations University  
Financial Aid Office  
155 Indian Avenue, Box 5027  
Lawrence, KS 66046

Phone: (785) 749-8468  
Fax: (785) 832-6617

Your Special Circumstance Request will be re-evaluated only after the original FAFSA and all supporting documents have been reviewed. If your special circumstance re-evaluation results in increased eligibility for aid and funds are available, you may receive additional assistance. If the documentation you submit to the Financial Aid Office results in reduced eligibility for financial aid, however, you may be required to repay aid and/or previously awarded aid may be cancelled or reduced. **If you cannot provide documentation for your income projections (if applicable) you may be asked to resubmit your request at the end of the 2017 tax year, when tax documents will be available.**

**Due to processing schedules, requests may not be reviewed during the following periods** (if you have any questions, please contact the financial aid staff):

- January 1, 2019 through February 15, 2019
- July 15, 2019 through September 15, 2019

**Deadline to submit request and all supporting documentation:**

- April 1, 2020

**Submit completed requests to the following address:**

Haskell Indian Nations University  
Financial Aid Office  
155 Indian Avenue, Box 5027  
Lawrence, KS 66046

All Special Circumstance Re-evaluation Requests are subject to review and verification of your original Free Application for Federal Student Aid (FAFSA).

I understand that verification of my projections may be required at the end of the current year. If I underestimate my projected income or if I overstate my projected expenses, I understand that I may be required to repay aid. I affirm that all of the information on this form is true and complete to the best of my knowledge. If I am asked by an authorized official to document actual earnings or expenses for the prior or following year from the current FAFSA year verified, I will provide the information. **I agree to provide proof of all information on this form, which may include but is not limited to: copies of federal tax returns, schedules, and W-2 forms for 2017.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name : \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are an *Independent student*, a parent signature is not required.