



## 2019-20 STUDENT FAFSA RE-EVALUATION REQUEST FORM

Station 6050

Montevallo, AL 35115

Telephone: (205) 665-6050 Fax: (205) 665-6047

---

*The UM Student Aid Office encourages that PII (personally identifiable information) is not sent via email (insertion or attachment). If PII is encrypted using a password-protected WinZip archive, it may be sent via a separate email message.*

### Read and Carefully Follow Instructions

#### **Request Will Not Be Considered Without Proper Documentation-Contact Student Aid Director for Questions Regarding Documentation**

If since filing the Free Application for Federal Student Aid (FAFSA), you have had a permanent change in household income or your ability to pay for college, complete this form and provide **any appropriate documentation**. This process can get confusing and you may want to contact our office and set up a time to visit if this is practical for you. If your FAFSA has been selected for verification you must complete the FAFSA verification process before we can complete our consideration of your request.

Name \_\_\_\_\_ Student ID \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's/Spouse's Name \_\_\_\_\_

Parent Daytime Phone \_\_\_\_\_

#### **Complete the section that applies to your situation.**

##### **1. Loss of job (generally permanent or for 10 weeks or more).**

**Please indicate which person experienced a loss of, or changes in income?**

father/step;  mother/step;  student;  student's spouse

Effective date \_\_\_\_\_

Reason  Retirement;  Termination;  Disability

Other: Explain \_\_\_\_\_

Attach any documentation of loss of employment. Documentation from the unemployment office should be dated within 90 days from the date of this application. Also attach copies of latest payroll check stubs

from a parent or spouse if either is still employed or re-employed. Attach any documentation of any retirement, disability benefits, severance pay, unemployment benefits, or any other household income currently being received.

**2. Death of a Parent or Spouse.**

Complete this section if death occurred after the FAFSA was completed.

Date of Death of Parent or Spouse \_\_\_\_\_

Attach a copy of the deceased's death certificate and other documentation which might include copies of yours and/or your surviving Parent's current payroll check stubs, W-2 forms, documentation of any life insurance proceeds or death benefits or retirement distributions received and the amount of any proceeds on hand as of the date of this application.

**3. Unusual Medical, Dental, or Nursing Home Expenses not covered by insurance or workers compensation or third parties.**

Explain the illness or type of care \_\_\_\_\_

For whom was the care provided \_\_\_\_\_

Provide the amount of expenses **PAID** out of pocket \$ \_\_\_\_\_

Attach documentation such as a diagnosis, a summary and receipts or payments or other documentation as specified by the Student Aid Office.

**4. Disability Related Expenses, Unusually High Child Care Expenses, Homelessness, Tuition for Elementary or Secondary Expenses – See Financial Aid Director or Counselor**

**CERTIFICATION**

**By signing below, I affirm that the information provided is true and complete to the best of my knowledge. I understand that submission of the information means that my file and current circumstances will be reviewed and that it does not guarantee that there will be an increase in my financial aid package.**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Spouse** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only – Approved____ Denied____
Approved Changes_____
_____
_____
Signature_____ Date_____