

## Financial Aid Office 2016-2017 Request for Reconsideration Based on Extenuating Circumstances

Student's Name		SS#		
<ol> <li>Income earned in 2015 does not accurately reflect the of the following reasons: (check all that apply)</li> </ol>	e student's and/or sp	oouse's or pa	rent's incom	e in 2016 for one
a. Parent's loss of employment or change in e b. Student's loss of employment or change in c. Divorce/separation or death or death of a s d. Loss of untaxed income e. Disability of student/spouse f. Unusual medical /dental bills or handicappe g. One-time income h. Other unusual debt/expenses	employment status spouse			
Please complete the following chart for 2016.		1 _	<del> </del>	
INCOME*	Student	Spouse	Father	Mother
Wages, salaries, tips (include severance pay, disability payments, etc.)			<del> </del>	
Other taxable income				
Untaxed social security benefits			<u> </u>	
Aid to Families with Dependent Children				
Child Support Received				
Other Untaxed Income				
TOTAL INCOME				
*If you or your parents are divorced or separated, give only you *If loss of income was due to the death of a spouse or parent, g surviving parent.  3. Identify the source of the one-time income and explai	ive only your informat	ion or the info	ormation of yo	
CERTIFICATION:		Approved: _		
All of the information on this form and supporting documentation is true and complete to the best of my knowledge.	on	Rejected: _		
		Financial A	Aid Officer	
Student's Signature Date		Date		

## REQUIRED DOCUMENTATION FOR EXTENUATING CIRCUMSTANCES

## Loss of employment status:

Fax 870-512-7876

	oyer detailing termination date and a copy of laborates and copy of last check stub reflecting year	
Divorce, separation, or death of a sp	ouse or parent:	
Provide the appropriate Wa. W-2 formb. Copy of divorce of Copy of legal sepd. Death certificate	aration papers	
Loss of untaxed income:		
Provide a copy of letter from benefits.	n agency who provided benefits detailing termi	nation of benefits and copies of summaries of
Disability of student/spouse/parent:		
Provide medical documenta	ation of disability and document any benefits red	ceived as a result of the disability.
Unusual medical dental bills	or handicapped related expenses:	
	A of the federal 1040 form or cancelled checks on spaid. (To be considered unusual, medical expe	
One time income:		
Document source and amou	unt of income and verify use of income.	
Other unusual debt/expenses:		
Document the debt/expens	e and include method of payment.	
Return to:		
ASU-Newport Newport Campus Financial Aid 7648 Victory Blvd. Newport, AR 72112	ASU-Newport Marked Tree Campus Financial Aid PO Box 280 Marked Tree, AR 72365	ASU-Newport Jonesboro Campus Financial Aid 5504 Krueger Drive Jonesboro, AR 72401

Fax 870-972-0801

Fax 870-358-4108