



2022-2023 SPECIAL CIRCUMSTANCE REVIEW REQUEST FORM

Use this form to request consideration of student and/or parent income changes, medical expenses, or other extenuating circumstances related to the 2022-2023 academic year only. Special circumstances are defined as extreme condition(s) which exist that may warrant re-evaluation of a student's financial aid eligibility. Incomplete forms or appeals submitted without personal statement(s) or supporting documentation will NOT be processed and automatically denied.

Please TYPE Your Responses

Student Name _____

Social Security Number _____

A. PERSONAL STATEMENT

Attach **typed & signed** statement(s) describing the circumstances you would like considered based on your [dependency status](#). Include a narrative of events with dates and describe how these events affected your family's ability to pay for your education. Also explain how the 2020 income data reported on your FAFSA no longer represents your financial situation in the 2022-2023 academic year.

- ☐ DEPENDENT: attach Student's personal statement AND Parent's secondary statement with additional relevant details.
- ☐ INDEPENDENT: attach Student's personal statement

B. FEDERAL INCOME TAX RETURN/TRANSCRIPT

Attach requested tax returns according to student's dependency status.

- ☐ DEPENDENT: attach Student & Parent's **2020 AND 2021** [IRS Tax Return Transcripts](#) or **SIGNED** U.S. Income Tax Returns with all applicable schedules and W-2's.
- ☐ INDEPENDENT: attach Student & Spouse's **2020 AND 2021** [IRS Tax Return Transcripts](#) or **SIGNED** U.S. Income Tax Returns with all applicable schedules and W-2's.

C. IDENTIFY SPECIAL CIRCUMSTANCE

Please check the appropriate circumstance and provide the requested information and required documentation.

Reduction in Financial Resources or Income

Who experienced a reduction income? ☐ Student ☐ Student's Spouse ☐ Parent 1 ☐ Parent 2

When did the reduction occur? _____

- ☐ **Loss of Employment** - attach layoff notice, termination letter, retirement status, employment verification letter from previous employer, or resignation letter.
- ☐ **Separation, Divorce, Death** - attach divorce decree, temporary orders (divorce filed/not yet final), or other documents establishing the date you and your spouse, or your parent and their spouse ceased living together, death certificate. Event must have occurred after submitting the 2022-2023 FAFSA.
- ☐ **Loss of One-Time (Lump Sum) Income** - attach documentation that indicates the date the one-time income was terminated, the amount of income that came from that source, and how that income was used.
- ☐ **Other Financial Loss** - attach documentation and provide details in personal statement(s).

Increase of Medical Expenses

Who incurred the medical expenses? ☐ Student ☐ Student's Spouse ☐ Parent 1 ☐ Parent 2

Is the individual still seeking treatment? ☐ Yes ☐ No

If yes, how long is the treatment expected to continue? _____

Enter the total amount of medical expenses paid (e.g., patient copays and deductibles) in the **most recent 12-month period**. Include medical, dental, prescription, and nursing home expenses for household family members paid out of pocket and NOT covered by health insurance or reimbursed by a third party. Do not include insurance premiums.

\$ _____
Total medical expenses paid in most recent 12-month period

\$ _____
Expected future **MONTHLY** medical expenses

- ☐ **Medical Expenses** - attach receipts showing out-of-pocket payments made for medical bills and insurance claim history/summary for expenses incurred during the most recent 12-month period only.



D. INCOME INFORMATION

Estimate your family's future expected **MONTHLY** income between **JULY 2022 - JUNE 2023**. Please complete all fields. Enter "0" for any fields that do not apply.

Income Source	Student	Spouse	Parent 1	Parent 2
Income Earned from Work	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Severance/Paid Leave	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Retirement (Pension) Benefits	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Other Income Source	\$	\$	\$	\$

Enter information based on 2020 and 2021 U.S. income tax return filing status.

	Student (& spouse, if married)	Parent(s) (married-filing jointly, head of household, or single)	Parent 2 (married-filing separately)
2020 Adjusted Gross Income (AGI)	\$	\$	\$
2020 Wages (W-2 & Self-Employment)	\$	\$	\$
2021 Adjusted Gross Income (AGI)	\$	\$	\$
2021 Wages (W-2 & Self-Employment)	\$	\$	\$

E. SIGNATURE & CERTIFICATION

By signing below, I certify that all the information reported is complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to prison, or both. My signature indicates that I understand that not all circumstances can or will change my eligibility for financial aid and that any professional judgment exercised by a financial aid officer applies only to financial aid eligibility at NAU for the award year appealed.

Student Signature Date
(See signature instructions in portal)

Parent Signature Date
(See signature instructions in portal)