

ORVAL

*****An incomplete form will be returned to you and will delay processing*****

Student Name _____ **NMU IN** _____

This form is used to re-evaluate your eligibility for 2017-2018 financial aid. **We will act on your request for re-evaluation only after receiving supporting documentation which confirms your circumstances. Please be aware that a re-evaluation does not guarantee an increase in your financial aid.** An increase in financial aid eligibility depends on the availability of funds and demonstrated financial need. **A decision on your request may take 4-6 weeks to complete.**

STEP 1 – Reason for Re-Evaluation Request

Please provide a written statement indicating the reason for requesting a re-evaluation of financial aid. **You must also provide the supporting documentation.** *Examples of documentation are listed below for common re-evaluation reasons; [however, additional information may also be requested from you.]*

Although each family's situation is reviewed on an individual basis, the following reasons generally do not result in a change to financial aid eligibility: bankruptcy, foreclosure, private primary and secondary school tuition. If you are considering a re-evaluation based upon reasons other than those listed below, please contact our office.

- Loss/Reduction of Employment** (In most cases, **ten** weeks from the date of your change in employment must pass before your request is processed. This helps to ensure the most accurate estimate of future income.)
 - Letter from previous employer indicating dates of changes in employment status
 - Most recent or final pay stub
 - 2015 and 2016 W-2 Form(s)
 - Verification of unemployment benefits, if applicable
 - Verification of severance package, if applicable
 - 2016 Tax Return Transcript, if taxes have been filed

- Retirement/Military Discharge**
 - Letter from employer (DD214, Member-4 copy for military discharge)
 - Verification of taxable Social Security Benefits, if applicable
 - Verification of retirement benefits, if applicable

- Loss of Unemployment Benefits, Child Support, Taxable Social Security Benefits, or Other Income**
 - Statement from Unemployment Office, Social Security Administration or Friend of Court indicating date income/benefits ended
 - Appropriate documentation indicating date other income stopped

- Death of a Parent**
 - Copy of Death Certificate
 - Copy of Student's Birth Certificate
 - Copy of parent's 2016 W-2 Form

- Divorce/Separation**
 - Copy of divorce decree or verification of filing for divorce (proof of separate households, i.e., utility bills or lease agreement)
 - Copy of parent's 2016 W-2 Forms if joint income tax return was filed

- One-Time Income – Pension Withdrawal, Sale of Home, etc.**
 - Documentation showing source of the income, such as 1099-R or other documentation
 - Verification that funds are no longer available if used to pay off bills, debts, etc. Proof of how that income was spent, and if any remaining funds are available

- Parent in College** (Completion of the estimated income section on reverse side is not required if this is the only reason a re-evaluation is being requested.)
 - Verification of at least half-time enrollment
 - Copy of financial aid award letter from parent's school (if applicable)
 - Documentation of actual costs for attending school
 - Signed statement indicating whether or not the parent is receiving employer tuition reimbursement or tuition waiver and the amount of reimbursement

- Excessive Medical Bills/Insurance Premiums paid out-of-pocket in 2015** (Completion of the estimated income section of this form is not required if this is the only reason a re-evaluation is being requested.)
 - Schedule A from Form 1040 federal tax return or copies of paid receipts/cancelled checks
 - Copy of pay stub if it reflects insurance premium withheld from earnings
 - Include only bills not reimbursed by insurance

- Other**
 - Please provide a letter explaining your circumstances
 - Include appropriate documentation (contact our office if you are unsure of what type of documentation to provide)

****TWO PAGE DOCUMENT – Be sure to submit both pages along with your supporting documents. Include student's name and identification number on all documents. If faxing, be sure all pages, front and back, are sent.**

Student Name _____ NMU IN _____

STEP 2 – Additional Required Information – **Do not skip this step**

Prior to re-evaluating your financial need, our office will verify that the information submitted on your Free Application for Federal Student Aid (FAFSA) is correct. In order to complete this verification, **you must submit the following documents along with your re-evaluation request**, if you have not already done so:

- 2017-2018 Household Verification Worksheet
- Verification of 2015 Income Information for Student
- Verification of 2015 Income Information for Parent

Worksheets are available at:
<http://www.nmu.edu/financialaid/printableforms>

STEP 3 – Income Information

Provide income information (or best estimate) for the entire year requested - January 1 through December 31 Be sure to use amounts for the year, rather than monthly amounts.	2016		2017	
	Parent 1/ Step-Parent	Parent 2 Step-Parent	Parent 1/ Step-Parent	Parent 2/ Step-Parent
Total Wages (include partial year amounts if individual is no longer employed but worked for part of the year)	\$	\$	\$	\$
Interest/Dividend Income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Severance Pay	\$	\$	\$	\$
Taxable Social Security Benefits (do not include untaxed amounts)	\$	\$	\$	\$
Child Support Received (include total to be received for all children as well as partial year amounts if benefits will stop or be reduced during the year)	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Retirement Benefits	\$	\$	\$	\$
Insurance Benefits	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
Military or Clergy Housing/Food Allowances	\$	\$	\$	\$
Payments to Tax Deferred Pension/Savings Plans (paid directly or withheld from earnings)	\$	\$	\$	\$
Other (list source) _____	\$	\$	\$	\$
Total Income	\$	\$	\$	\$
Child Support you will PAY If you report child support to be paid, you must list the following: Name of person who will pay support: _____ Name of person to whom support will be paid: _____ Names of children for whom support will be paid: _____	\$	\$	\$	\$
Alimony you will PAY	\$	\$	\$	\$

I certify that, to the best of my knowledge, all of the information on this form is accurate. I also understand that Northern Michigan University may use follow-up procedures to verify data that I have submitted and/or submitted on my behalf. All information will remain strictly confidential.

Parent Signature _____ Date _____

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