Parent Recalculation 2018-2019

Student Information

Last Name	First Name	MI	Blinn ID

If you or your family has unique documentable	Lifestyle choices are NOT considered to be unique circumstances
circumstances that affect your ability to contribute	and adjustments to the need analysis
toward your educational expenses, you may request	formula will not be made to reflect these conditions
that the financial aid office reevaluate your eligibility	which include:
for assistance based on those circumstances.	Credit card debt
	 Mortgage or car payments

If you feel your situation warrants an override, please carefully read all instructions, complete all applicable sections of the form, and provide the required documentation. Reevaluation of your financial aid eligibility is subject to federal regulations, institutional policies, and the nature of the change in circumstances. The priority deadline is June 15th. The recalculation cannot be reviewed until verification is complete. Verification takes about 2 weeks during peak time. If your recalculation form is received after June 15th it could take up to 1 month before being reviewed. You will be notified by e-mail of the decision or if any additional information is needed.

Requirements for ALL Appeals

All the materials for your Override should be turned in **TOGETHER** as one packet. Be assured that all information you provide will be held in the strictest confidence and is protected under the Family Educational Rights and Privacy Act.

- 1. 2018-2019 Verification Worksheet
- 2. 2016 Parent & Student Tax transcript from the IRS and all 2016 Parent & Student W-2s and 1099s.
- 3. Provide a signed copy of Parent & Student 2017 tax return and all 2017 Parent & Student W-2s and/or 1099s.
- 4. Typed, detailed cover letter explaining the circumstances and project the income. In the evaluation we must estimate what the income situation is during the upcoming tax year or during the students' aid year. We need a written explanation of when work stopped, how many hours are worked (if hourly), when the job change or situation happened and what was the result, who is working, hourly rates, salary, etc. To be able to document and calculate a good estimate.

Types of Circumstances and Additional Requirements

OPTION I: Reduction/Loss of Income from Work for at least ten (10) weeks in 2016 or 2017 and you are not making as much now as a result. We cannot adjust for a loss of over time or if you are self-employed.

Layoff/Termination

- A letter from the employer on company letter head, stating the effective date of termination/layoff.
- Copy of the last pay statement showing your gross year-to-date income from each job worked.
- Documentation of unemployment benefits from a state agency (such as the Texas Workforce Commission) stating the start and end date, weekly amount and total amount of benefits if applicable.
- Documentation of any severance pay received, IRA's, stocks, bonds, pensions, etc. converted to cash.
- If you are currently employed, a copy of your most recent pay statement from your current employer indicating employment start date, annual salary, and year-to-date earnings.
- If your spouse is employed, a copy of the most recent pay statement, indicating year-to-date earnings and frequency of pay.

Blinn ID: B00_

PARREC

Inability to work due to Illness or Disability beginning in 2016 or 2017

- A signed statement from a physician indicating the start date of the illness/disability and the expected length of time of inability to work.
- Documentation of any social security, workman's compensation or other disability benefits you received or will receive in 2016 and 2017.

OPTION II: Other Circumstances

Separation/Divorce of Parents

- 1. Date of Separation/Divorce: _____
- 2. Which Parent will the student live with?
- 3. Which Parent will provide the most financial support to the student?
- Copy of legal separation papers/divorce decree (certified).
- Copy of any asset information including child support or alimony.
- Documentation of two (2) separate households.

Death of a Parent

• Copy of the death certificate

Unusual Medical/Dental expenses paid out of pocket (not paid by insurance) in 2017 or 2018

Note: If you itemized the expenses on your 2015 tax return we cannot adjust for those expenses again.

• Copy(s) of all medical receipts that you paid during the 2015 tax year. You must provide a spreadsheet listing each received and amount paid with date and attach the corresponding receipt and EOB or receipt listing specifically what we performed or what it was for.

Loss of Child Support

• Official document or notarized personal statement indicating the date child support ended and the total amount received for all children in 2016 and/or 2017.

Catastrophic Event in 2016 or 2017

• Official report, invoices and receipts of expenses paid by the family not covered by insurance.

• Copy of statement(s) from the insurance company of any paid or denied claims.

Other Circumstances (Please see the Financial Aid Office for additional requirements)

Student Certification

I understand that it is my responsibility to pay all outstanding balances on my account while waiting for a decision. Regardless of the decision, I am responsible for any late fees incurred.

I hereby certify that all information contained in this override, including the p documentation, is true and complete to the best of my knowledge.	ersonal statement and	WARNING:
Parent Signature:	Date:	If you purposely give false or misleading information on this
Student Signature:	Date:	worksheet, you may be fined, be sentenced to jail, or both.

Dependent Verification Form 2018-2019

What is Verification?

The U.S. Department of Education (ED) randomly selects students at each institution for schools to verify information on their FAFSA. Your FAFSA has been selected for a process called **Verification**.

Student's Name: ____

Your financial aid file will not be considered complete until all required documentation has been submitted and processed. The last day verification documents can be received for the Fall semester is November 14, 2018 and for the Spring semester is April 14, 2019. Verification must be completed, you must be awarded, and your loans must be accepted prior to the end of the applicable semester.

Section 1: Complete this section.

Student

Select Only One	Scenario	Required Documentation
	l <u>did not</u> work or earn income in 2016, and l <u>did not</u> file a 2016 federal tax return.	No further documentation required.
	l <u>did</u> work or earn income in 2016, but <u>was</u> <u>not required</u> to file a 2016 federal tax return.	Provide all 2016 W-2s/1099s.
	I worked and earned income in 2016 and I filed a 2016 federal tax return.	I have used the IRS Data Retrieval Tool to transfer my 2016 tax information to the FAFSA, and it has not been changed, <u>OR</u> I am providing an IRS tax return transcript.

Section 2: Complete this section.

Parent/Stepparent

Select Only One	Scenario	Required Documentation
	My parent/stepparent <u>did not</u> work or earn income in 2016, and were <u>not required</u> to file a 2016 federal tax return	Provide an IRS Verification of Non-Filing Letter for the 2016 tax year.
	My parent/stepparent <u>did work</u> or earn income in 2016, but were <u>not required</u> to file a 2016 federal tax return	Provide all 2016 w2-s and 1099s <u>and</u> an IRS Verification of Non-Filing Letter for tax year 2016.
	My parent/stepparent worked and earned income in 2016, and filed a 2016 federal tax return.	My parent/stepparent have used the IRS Data Retrieval Tool to transfer their 2016 Tax information to the FAFSA, and it has not been changed, <u>OR</u> I am providing an IRS tax return transcript.

Section 3: Family information is required.

Blinn ID: B00____

Blinn ID:

Family Household Information How many people are in your household?	How many people in your or your parent's household will be college students between July 1, 2018 and June 30, 2019?
 Be sure to include: Yourself, even if you don't live with your parents Your parent(s) - (including step-parent) Your parent's dependent children, if your parents will provide more than half their support between July 1, 2018 and June 30, 2019 Other dependents if they now live with your parents and your parents provide more than half their support and will continue to provide more than half their support between July 1, 2018 and June 30, 2019. 	 Always include yourself as a college student. You may include others only if they will attend, at least half-time in 2018-2019, a program that leads to a college degree or certificate and are listed in the household information below. Do NOT include students enrolled in high school attending college for dual credit as in college. Do NOT include your parents as a college student.

Name of Family Member	Age	Relationship to Student	Name of College 2018-19
		Self	Blinn College

Attach an additional sheet with name, age, and relationship if there is more than 6 members in your household

Section 4: Asset Information is required to be completed

Please provide both yours and your parents asset information as of the day you submitted your 2017-2018 FAFSA. Unanswered questions will result in an incomplete form.

ASSET TYPE	PARENT (DOLLAR VALUE)	STUDENT (DOLLAR VALUE)
Cash, Savings, and Checking accounts—At the time the 1819 FAFSA was filed, what was the total current balance?	\$	\$
An investment—At the time the 1819 FAFSA was filed, what was the net worth of the investments? Include real estate (exclude home in which you currently reside), trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, education IRA's, college savings plans for all students, installment and land sale contracts including mortgages held, commodities, etc.	\$	\$
Business and/or Investment Farms —At the time the 1819 FAFSA was filed what was the net worth? Please do not include a family farm or family business with 100 or fewer full-time equivalent employees.	\$	Ś

Section 5: Other untaxed income is required to be completed. Unanswered questions will result in an incomplete form.

Please enter zeroes if any of the following do not apply to you: Leaving any of these fields blank will result in an incomplete form	Student	Parent(s)
Taxable earnings from need-based student employment programs, such as Federal Work-Study and need-based employment portions of fellowships and		
assistantships. Include only the amount reported in your adjusted gross income for 2016.	\$	\$
Combat pay or special combat pay. Only the amount that was taxable and included in your adjusted gross income for 2016.	\$	\$
Earnings from work under a cooperative education program offered by a college.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others. Include if it is BAS. DO NOT include payments received for BAH.	\$	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation, and/or VA Educational Work-Study Allowances in your AGI for 2016.	\$	\$
Other untaxed income not reported, such as workers' compensation or disability.	\$	\$
Money received or any money paid on your behalf by someone else (e.g., cell phone bill, insurance, rent, etc. that is not paid by custodial parent) not reported elsewhere on this form.		
Source(s): Do not include support by custodial parents.	\$	

Section 6: Both signatures are required to complete the form.

Student Signature

Date

Parent Signature

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.