# Student Recalculation 2019-2020

### **Student Information**

Last Name	First Name	MI	Blinn Student ID #	
If you or your family has unique documentable circumstances that affect your ability to contribute toward your educational expenses, you may request that the financial aid office reevaluate your eligibility for assistance based on those circumstances.		circumstances ar not be made to r which include: • Credit (	Credit card debt	

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 15<sup>th</sup>. The recalculation cannot be reviewed until verification is complete. Verification takes up to 2 weeks during peak times. If your recalculation form is received after June 15<sup>th</sup>, 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 Recalculation Considerations**

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. 2019-2020 Independent Verification Form
- 2. 2017 Student Tax transcript from the IRS and all 2017 W-2s and/or 1099s
- 3. Signed copy of 2018 student tax return and all 2018 Student w-2s and/or 1099s
- 4. Typed, detailed cover letter explaining the circumstance and project income. In any 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 2018 or 2019 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.

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### Inability to work due to Illness or Disability beginning in 2018 or 2019

- A signed statement from a physician indicating the start date of the illness/disability and the expected length of time of inability to
- Documentation of any social security, workman's compensation or other disability benefits you received or will receive in 2018 and/or 2019

#### **OPTION II: Other Circumstances**

# Separation/Divorce Date of Separation/Divorce: \_\_\_

- 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 Spouse**

Copy of the death certificate

### Unusual Medical/Dental expenses paid out of pocket (not paid by insurance) in 2018 or 2019

Note: If you itemized the expenses on your 2017 tax return we cannot adjust for those expenses again.

Copy(s) of all medical receipts that you paid during the 2017 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 2018 and/or 2019.

### Catastrophic Event in 2018 or 2019

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 **WARNING:** decision. Regardless of the decision, I am responsible for any late fees incurred. If you purposely give I hereby certify that all information contained in this override, including the personal statement and false or misleading documentation, is true and complete to the best of my knowledge. information on this worksheet, you may be fined, be sentenced Student Signature: Date: to jail, or both.