



**2016-2017**

**Request for Reconsideration**

Office of Financial Aid  
 1300 S Country Club Road - El Reno, OK 73036  
 405-422-6250 – Fax: 405-422-1463

Student Name: \_\_\_\_\_ SSN/RCC ID: \_\_\_\_\_

Federal Financial Aid is based on the gross annual income for the previous tax year. If your income has recently decreased or you have special circumstances that were not taken into account on your FAFSA, we may be able to reevaluate your financial need based on your projected gross income for the 2016 tax year (January 1, 2016 to December, 31, 2016). For dependent students we consider both student and parent income. For independent students, we only consider student (and spouse if applicable) income.

Unfortunately, there are certain circumstances that we **cannot** make any adjustments including: car payments or car insurance, consumer debt (credit cards), personal bankruptcy, medical insurance premiums, mortgages and rent, Home equity, IRA, 403B and 401K loans, parents will not help pay for college, or frivolous spending.

**Check all that apply to you.**

If you are an **Independent** Student:

- Loss of employment or change of employment status for you and/or your spouse. Consideration will be given after July 1, 2016.
- Divorce, separation, or death of a spouse.
- Loss of untaxed income (child support, worker’s compensation, etc.).
- Unusual medical or dental expenses or handicapped related expenses.
- Onetime payment which over inflated your annual income.
- Other

If you are a **Dependent** Student

- Loss of employment or change of employment status for you and/or your spouse. Consideration will be given after July 1, 2016.
- Divorce, separation, or death of a parent.
- Loss of untaxed income (child support, worker’s compensation, etc.).
- Unusual medical or dental expenses or handicapped related expenses.
- Onetime payment which over inflated your annual income.
- Other

Please complete the chart below indicating **ALL sources of income** you expect to receive between January 1, 2016 and December 31, 2016.

<b>2016 Income</b>	<b>Student</b> (and Spouse if applicable)	<b>Parent</b> (and Step-Parent if applicable)
Wages, salaries, severance pay, etc	\$	\$
Other TAXABLE income	\$	\$
Unemployment benefits	\$	\$
Alimony	\$	\$
Disability benefits	\$	\$
Workers Compensation	\$	\$
Untaxed Social Security benefits	\$	\$
Welfare benefits	\$	\$
Child Support received	\$	\$
Other UNTAXED income	\$	\$
<b>Total 2016 Income</b>	\$	\$

**Provide the appropriate documentation that supports the reason you are requesting a reconsideration of income based on extenuating circumstances. Please SEE REVERSE SIDE for details.**

## Required Documentation for Extenuating Circumstances

### \*\*Required for ALL Requests – 2015 Federal Tax Return and Verification Worksheet\*\*

**1. Loss of employment or change of employment status (Attach the following).**

**Consideration will be given after July 1, 2016.**

- Signed statement from student (or parent) explaining the reason for unemployment or change of employment.
- Last pay stub showing year to date earnings for 2016 or statement from previous employer documenting year to date income.
- Include final and/or last pay stubs from all places of employment during 2016 for student and spouse (if applicable) and parent(s) (if dependent student).
- Documentation of all untaxed income received for 2016.

**2. Divorce or separation of student or parent (Attach the following).**

- Divorce – Copy of divorce Decree
- Separation – Copy of legal separation documentation, or signed statement from an attorney showing the date of separation, or a notarized statement from an unrelated third party.

**3. Death of a spouse or parent (Attach the following).**

- Copy of death certificate or obituary notice

**4. Loss of Untaxed Income (Attach the following).**

- Signed statement from student (or parent) explaining the reason for lost income.
- Copy of a letter from the agency that provided benefits detailing termination and summary of benefits.

**5. Unusual medical or dental expenses or handicapped related expenses (Attach the following).**

- Copy of Schedule A of the 2015 federal tax return.
- Cancelled checks and/or receipts for PAID expenses that were not reimbursed by an insurance agency.
- Statement from insurance agency indicating expenses were not reimbursed.

**6. Onetime payments which over inflated annual income. Onetime payments used for frivolous or unnecessary items are not valid and will not be considered. (Attach the following).**

- Detailed written explanation indicating: 1) type of payment, 2) gross payment amount, 3) net payment received and 4) how this payment was used.

**7. Other (Attach the following).**

- Signed statement from student (or parent) explaining the circumstances.
- Pertinent documents supporting your request for reconsideration.

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I certify that the above information is true and correct to the best of my knowledge. I understand that purposely providing false or misleading information on this form may result in a denial or repayment of financial aid in this and/or future years, or fines and/or imprisonment.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Dependent Students)