

Student Name: _____

Hofstra ID #: _____

Telephone#: _____

Date: _____

This form can be used to request a review of **federal financial aid** when there is a **current and significant reduction** in family income or when there are **present and extenuating** financial circumstances. Please do not submit this form unless you are an admitted student to Hofstra with a complete and valid **2018-2019** Free Application for Federal Student Aid (FAFSA) on file.

SECTION I – Special Circumstances Checklist

| <i>Special Circumstance (Please check those that apply)</i> | <i>Required Documentation (Please check and submit all that apply)</i> |
|--|--|
| <input type="checkbox"/> A. <u>Loss of Employment</u> A parent who earned money in 2016 and is currently unemployed | Name of Parent: _____ Effective Date: _____ <input type="checkbox"/> Termination, Layoff, or Company Closing <input type="checkbox"/> Separation letter/termination notice showing last date of employment <input type="checkbox"/> Last pay stub (must include any severance received) & most recent paystub(s) for any parent in the household who is currently working <input type="checkbox"/> Unemployment benefits document (<i>must be submitted within 90 days of issuance</i>) <input type="checkbox"/> Retirement <input type="checkbox"/> Statement from company/agency indicating last date of employment <input type="checkbox"/> Last pay stub (must include any severance received) & most recent paystub(s) for any parent in the household who is currently working <input type="checkbox"/> Disability <input type="checkbox"/> Statement from company/agency detailing disability and/or workers' comp. payments received <input type="checkbox"/> Most recent paystub(s) for any parent in the household who is currently working |
| <input type="checkbox"/> B. <u>Loss of Other Income/Benefits</u> A parent who received income in 2016 and has lost that income | Name of Parent: _____ Effective Date: _____ <input type="checkbox"/> Job Change or Permanent Reduction in Work Hours <input type="checkbox"/> Letter from employer(s) confirming change in job or permanent reduction in work hours <input type="checkbox"/> Last pay stub from previous job or from work schedule prior to permanent reduction in hours <input type="checkbox"/> Most recent paystub(s) for any parent in the household who is currently working <input type="checkbox"/> Loss of Benefits (ex. taxable social security benefits, untaxed court-ordered child support, untaxed retirement or disability benefits, Temporary Assistance for Needy Families- TANF) <input type="checkbox"/> Statement/letter from company/agency explaining the loss of benefits, including the effective date <input type="checkbox"/> Most recent or last payment statement from the income source <input type="checkbox"/> Most recent paystub(s) for any parent in the household who is currently working |
| <input type="checkbox"/> C. <u>Separation, Divorce, or Death of a Parent</u> Your parents have separated, divorced, or your parent is now deceased | Parent 1 Name : _____ Parent 2 Name : _____ Effective Date: _____ <input type="checkbox"/> Copy of the divorce decree, separation document, or attorney letter <input type="checkbox"/> Or copies of noncustodial parent's recent pay stub and utility bill to verify separate residence <input type="checkbox"/> Copy of death certificate <u>On the remainder of this form, report only the information of the parent with whom the student lives</u> |
| <input type="checkbox"/> D. <u>Catastrophic Occurrence</u> | One-time event (such as a natural disaster) resulting in substantial loss to personal property <input type="checkbox"/> Copy of the IRS Tax Return Transcript for the year in which the event occurred <input type="checkbox"/> Copy of the IRS 1040 Schedule A for the year in which the event occurred <input type="checkbox"/> Copies of insurance statements, bills, receipts, estimates to: <u>clearly illustrate how the expenses that exceeded insurance coverage were paid</u> |
| <input type="checkbox"/> E. <u>Excessive Medical Expenses Paid</u> | If you or your parent(s) incurred unusually high, uninsured, or unreimbursed medical, optical, and/or dental expenses (including insurance premiums) <input type="checkbox"/> Copy of the IRS Tax Return Transcript for the applicable year <input type="checkbox"/> Copy of the IRS 1040 Schedule A for the applicable year <input type="checkbox"/> Attach copies of insurance statements and/or receipts to: <u>clearly illustrate out of pocket costs and the amount paid by insurance. Expenses must exceed 10% of your AGI as per the IRS threshold</u> |

***Please skip to page 5 if your FAFSA was selected for verification of 2016 income**

This process must be completed first. Please submit the 2018-2019 Verification worksheet & 2016 Tax Return Transcripts, if you have not already done so. www.hofstra.edu/sfsforms

A. Family Information

List the people in your parent(s)' household, including:

- yourself,
- your parent(s) :
 - **If living together**, regardless of gender or marital status, list both your legal parents
 - **If NOT living together** and are considered separated or divorced, only report the parent you live with
- If your parent is legally remarried, list their spouse (stepparent) *regardless of gender*
- your parents' other children, even if they do not live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2018 through June 30, 2019, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019

| Full Name | Age | Relationship | College Enrollment Between 7/01/18 – 6/30/19 (Excluding parents' college) |
|-----------|-----|--------------|---|
| | | Self | Hofstra University |
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***Please skip to page 5 if your FAFSA was selected for verification of 2016 income**

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B. Student's 2016 Tax Forms and Income Information (all applicants)

- ☐ Check here if you did not earn wages in 2016, did not file, and are not required to file a 2016 U.S. Income Tax Return
- ☐ If you were **not** claimed as a dependent on your parent(s)' tax return, please provide a **non-filing letter** from the **IRS**. The form can be obtained from www.irs.gov/transcript

**** (Skip to letter C.)****

- ☐ Check here if you earned wages in 2016 and filed a 2016 Tax Return
- ☐ Submit all 2016 W2 forms
- ☐ Submit a copy of your **2016 IRS Tax Return Transcript** www.irs.gov/transcript or
- ☐ Check here if you successfully utilized the IRS data retrieval tool online at FAFSA.gov
- ☐ Check here if you earned wages, did not file, and are not required to file a 2016 U.S. Income Tax Return
- ☐ Please provide a **non-filing letter** from the **IRS**, which can be obtained from www.irs.gov/transcript
- ☐ **List below your employer(s) and any income received in 2016**
- ☐ **You must provide all 2016 W-2 forms or other earnings statements**

| Sources | 2016 Income |
|---------|-------------|
| | \$ |
| | \$ |
| | \$ |

C. Parent(s)' Tax Forms and Income Information

- ☐ Please submit a copy of all 2016 parent W2 form(s)
- ☐ Submit a copy of your parent(s)' **2016 IRS Tax Return Transcript** www.irs.gov/transcript or
- ☐ Check here if you successfully utilized the IRS data retrieval tool online at FAFSA.gov
- ☐ Check here if your parent(s) will not file and are not required to file a 2016 Income Tax Return
- ☐ Please provide a **non-filing letter** from the **IRS**, which can be obtained from www.irs.gov/transcript
- ☐ **List below the employer(s) and any income received in 2016**
- ☐ **You must provide all 2016 parent W-2 forms or other earnings statements with this form**

| Sources | 2016 Income |
|---------|-------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

- ✓ **IRS Tax Return transcripts are available after** filing Form 1040, 1040A, 1040EZ, or a tax return from Puerto Rico.
- ✓ **IRS Tax Return transcripts** can be obtained by going to www.irs.gov/transcript or by calling the IRS at 1-800-908-9946

****Note- If using the data retrieval, IRS Return Transcripts may be requested when necessary**

D. Additional Financial Information and Untaxed income

Hofstra ID#: _____

Use the tables below to report annual (not monthly) amounts as indicated on your 2016 TAX RETURN.

Tax returns include the 2016 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.

*****If the amount is zero, or the question does not apply to you, write "0", do not leave blank.*****

| PARENT'S | 2016 Additional Financial Information | STUDENT'S |
|------------|--|-----------|
| \$ | a. Education Credits (Hope and Lifetime Learning tax credits) from IRS Form 1040 – line 50 or 1040A – line 33. | \$ |
| \$ | b. Taxable earnings from need-based employment programs, such As Federal Work-Study and need-based employment portions of fellowships and assistantships. | \$ |
| \$ | c. Grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships (DO NOT include Hofstra scholarships or grants). | \$ |
| \$ | d. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. | \$ |
| \$ | e. Earnings from work under a cooperative education program offered by a College (DO NOT include earnings from any Hofstra work program). | \$ |
| \$ | a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d. codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits). | \$ |
| \$ | b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + Line 32 or 1040A – line 17. | \$ |
| \$ | c. Child support <u>received</u> for all children in your household. (DO NOT include foster care or adoption payments). | \$ |
| \$ | d. Tax exempt interest income from IRS Form 1040 - line 8b or 1040A Line 8b. | \$ |
| \$ | e. Untaxed portions of IRA distributions from IRS Form 1040 – lines 15a minus 15b or 1040A – lines 11a minus 11b. Exclude ROLLOVERS. If negative, enter "0". | \$ |
| \$ | f. Untaxed portions of pensions from IRS Form 1040 lines 16a minus 16b or 1040A lines 12a minus 12b. Exclude ROLLOVERS. If negative, enter "0". | \$ |
| \$ | g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing. | \$ |
| \$ | h. Veterans non-education benefits such as Disability Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | \$ |
| XXXXXXXXXX | i. Money received, or paid on your behalf (e.g. bills), in 2016, not reported elsewhere on this form. | \$ |

SECTION III – Estimated 2018 income

Hofstra ID#: _____

This information is to be completed by the parent(s) of the student. If the custodial parent has remarried, the stepparent's income **must** also be included. List the names of all the places where you have worked during 2017 along with **total gross earnings** to date before taxes. Please report your total taxable and untaxed income beginning January 1, 2018 through today's date in Column B. Please list your estimated total taxable and untaxed income from tomorrow's date through December 31, 2018, in Column C.

Do not leave questions blank; enter the appropriate numbers or "0" when no income is received

| | A. Name of Employer/Company or Source of Income | B. Actual Income from 01/01/2018 to today's date ____/____/____ | C. Estimated Income from tomorrow through 12/31/2018 | Total 2018 Income (column B+C) |
|--|---|--|--|--------------------------------|
| Parent 1 wages: | | \$ | \$ | \$ |
| Parent 1 unemployment compensation: | | \$ | \$ | \$ |
| Parent 2 wages: | | \$ | \$ | \$ |
| Parent 2 unemployment compensation: | | \$ | \$ | \$ |
| Severance Pay: | | \$ | \$ | \$ |
| Other taxable income may include interest or dividend income, alimony, pensions, annuities: | | \$ | \$ | \$ |
| Business or farm income, taxable social security (include parent's benefits received by the parent for all children): | | \$ | \$ | \$ |
| Temporary Assistance for Needy Families (TANF): | | \$ | \$ | \$ |
| Child support <i>received</i> for all children: | | \$ | \$ | \$ |
| Other untaxed income and benefits (i.e. disability; workmen's compensation; payment to tax deferred pension and savings plan such as 401(K) or 403(B) plans; housing, food, or other living allowances; maintenance income from a separated spouse; cash support given to parents and/or bills paid by others on their behalf. | | \$ | \$ | \$ |

**** Section III must be complete in order to proceed with the Re-evaluation process****

SECTION IV – Explanation of Circumstances

Hofstra ID#: _____

Use this space below to provide a detailed explanation of the circumstance(s) which will result in a significantly lower income in 2018, as compared to 2017. Attach additional sheets if necessary.

SECTION IV – Certification

We certify that all the information and documentation is accurate and complete. We agree to provide additional documentation if it is requested. We understand that reporting of this information could result in a change/loss of financial aid that has already been awarded on the basis of inaccurate information initially provided.
This form only refers to Federal aid and there is no guarantee of additional funding.

Parent’s/Stepparent’s signature: _____ Date: _____
Student’s signature: _____ Date: _____

You may submit all forms to:

Office of Student Financial Services
206 Memorial Hall
126 Hofstra University
Hempstead, NY 11549-1260
FAX: 516-463-4936 (Please make sure the student’s ID# appears on every page)
Email: SFS@hofstra.edu

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