



2021-2022 Request for Re-evaluation

Independent Students

Student Name: _____

Hofstra ID #: _____

If you believe you have extenuating financial circumstances, or there is a current and significant reduction in family income, you may submit this form and supporting documentation to request a re-evaluation of your federal financial aid. Please be advised that this request can only be accepted from students that are admitted to Hofstra and have a valid 2021-2022 Free Application for Federal Student Aid (FAFSA) on file.

Submission of this request does not guarantee an adjustment to your financial aid award.

If your situation meets one of the circumstances detailed below, please submit:

- A copy of the student's and spouse's, if applicable, signed 2019 Federal Tax Return or Transcript (which can be obtained from the IRS at www.irs.gov/transcript. *If you used the IRS Data Retrieval Tool in the FAFSA, you do not need to submit this.*
- A copy of the student's and spouse's, if applicable, signed 2020 Federal Tax Return or Transcript, if you are requesting that we update the FAFSA information to reflect this tax year.
- Copies of the student's and spouse's, if applicable, W-2(s) for 2019 and 2020.

Reason for Re-evaluation Request

Please check the box and submit all required documentation that applies to your circumstance.

| <i>Special Circumstance</i> | <i>Additional Documentation Needed</i> |
|---|--|
| <input type="checkbox"/> Loss of Wages or Employment <input type="checkbox"/> Termination, Layoff, or Company Closing <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Job Change or Permanent Reduction in Work Hours <input type="checkbox"/> Loss of Benefits (taxable social security, untaxed court-ordered child support, or other untaxed benefits) | Name of Student/Spouse: _____ Effective Date: _____ <input type="checkbox"/> Letter from employer stating effective date of separation, termination, or job change <input type="checkbox"/> Last paystub, if change occurred in 2021 or 2022 <input type="checkbox"/> Most recent paystub from student and spouse, if applicable <input type="checkbox"/> Unemployment benefit documentation (must be dated within 90 days of submission) <input type="checkbox"/> Severance payment documentation <input type="checkbox"/> Statement from company/agency explaining loss of benefits |
| <input type="checkbox"/> Divorce / Separation | Name of Person: _____ Effective Date: _____ <input type="checkbox"/> Copy of divorce decree, separation document, or letter from attorney <input type="checkbox"/> Or copies of spouse's most recent paystub and utility bill to verify separate residence |
| <input type="checkbox"/> Death of a Spouse | <input type="checkbox"/> Copy of death certificate |
| <input type="checkbox"/> Excessive Medical Expenses | <p style="text-align: center;"><i>Expenses must exceed 7.5% of your adjusted gross income (AGI) as per the IRS threshold guidelines</i></p> <input type="checkbox"/> Copy of Federal 1040 Schedule A for the applicable tax year <input type="checkbox"/> Copies of insurance statements / receipts to show out of pocket costs |
| <input type="checkbox"/> Catastrophic Occurrence | <p style="text-align: center;"><i>One-time event (such as natural disaster) resulting in substantial loss</i></p> <input type="checkbox"/> Copy of Federal 1040 Schedule A for the applicable tax year <input type="checkbox"/> Copies of insurance statements, bills, receipts, or estimates to show how expenses exceeded insurance coverage |

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Detailed Explanation of Circumstances *(attach additional sheets if necessary)*

Estimated 2021 Income Information

Please do not leave any box blank; enter "0" if no income is received or field does not apply.
Please report total gross earnings (before taxes).

| | Source of Income / Name of Employer | Earnings from 1/1/21 to today's date | Estimated income from today's date through 12/31/21 | Total estimated 2021 income |
|--|--|--|---|--------------------------------|
| Student's Wages | | | | |
| Spouse's Wages | | | | |
| Unemployment Compensation <input type="checkbox"/> Student <input type="checkbox"/> Spouse | | | | |
| Other taxable income (alimony, annuity, pension payments, dividend income) | | | | |
| Taxable social security benefits and/or business income | | | | |
| Child support received for all children | | | | |
| Other untaxed income (worker's comp, payments to tax deferred pensions, other support) | | | | |

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2021-2022 Verification of FAFSA Information

You may skip this section if your FAFSA was selected for the verification process.

Please check the appropriate box below:

- The Verification Worksheet and 2019 income information has already been submitted.
- My FAFSA was not selected for Verification; the following sections will be completed.

A. Household Information

List all members residing in your household, including:

- yourself
- your spouse, if you have one, regardless of gender
- your children, if you will provide more than half of their support from July 1, 2021 through June 30, 2022, even if they do not live with you
- other people that currently live with you for whom you will provide more than half of their support between July 1, 2021 through June 30, 2022.

| Full Name | Age | Relationship | College Enrollment (July 1, 2021 – June 30, 2022) |
|-----------|-----|--------------|--|
| | | self | Hofstra University |
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You may skip this section if your FAFSA was selected for the verification process and documentation has already been submitted.

Copies of all 2019 W-2 forms, for student and parent(s), are required regardless of tax filing status.

B. Student’s 2019 Financial Information

- I did not earn wages in 2019, did not file a 2019 federal tax return, and am not required to file a 2019 federal tax return.
- I earned wages in 2019 and filed a 2019 federal tax return.
 - I successfully utilized the IRS Data Retrieval Tool in the FAFSA.
 - I am attaching a copy of my signed 2019 federal tax return or transcript.
- I earned wages in 2019 but did not, and am not required to, file a 2019 federal tax return.

Please list sources of income and amounts received in 2019 if you did not file a 2019 federal tax return.

| Name of Employer | 2019 Wages Earned |
|------------------|-------------------|
| | |
| | |
| | |
| | |

C. Spouse’s 2019 Financial Information (if student is married)

- My spouse earned wages in 2019 and filed a 2019 federal tax return.
 - I am attaching a copy of my spouse’s 2019 federal tax return or transcript, filed separately from mine.
 - We filed jointly and I am submitting a copy of our signed 2019 federal tax return or transcript.
 - We successfully utilized the IRS Data Retrieval Tool in the FAFSA.
- My spouse did not, and is not required to, file a 2019 federal tax return.

Please list sources of income and amounts received in 2019 if you did not file a 2019 federal tax return.

| Name of Parent | Name of Employer | 2019 Wages Earned |
|----------------|------------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Please Note: Even if using the IRS Data Retrieval tool, federal tax return(s) or transcript(s) may be requested when necessary.

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Additional Financial Information and Untaxed Income

Use the table below to report annual amounts (not monthly) as indicated on your 2019 federal tax return and 2021-2022 FAFSA.

If the amount is zero, or the question does not apply to you, you must write "0".

DO NOT LEAVE ANY RESPONSE BLANK.

BE SURE TO COMPLETE BOTH THE PARENT AND STUDENT COLUMNS.

| STUDENT | 2019 Additional Financial Information |
|----------------|--|
| \$ | a. Education Credits (Hope and Lifetime Learning tax credits) from IRS Form 1040 – Schedule 3 line 3. |
| \$ | 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 Schedule 1-line 15 + line 19. |
| \$ | 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 from 1040 – line 2a. |
| \$ | e. Untaxed portions of IRA distributions or pensions from IRS Form 1040 – (lines 4a+4d) minus (lines 4b+4d). EXCLUDE ROLLOVERS If negative, enter "0". You will need to supply Schedule 1 of your tax return if answer is not "0". |
| \$ | f. 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. |
| \$ | g. Veterans non-education benefits such as Disability Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. |
| \$ | h. Money received, or paid on your behalf (e.g. bills), in 2019, not reported elsewhere on this form. |

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Certification

By signing below,

- I certify that all the information contained on this form, and all documentation provided, is accurate and complete to the best of my knowledge.
- I agree to provide additional documentation if it requested.
- I acknowledge that submission of this re-evaluation request does not guarantee an adjustment to the financial aid award.
- I understand that reporting of this information may result in a change / loss of financial aid that has already been awarded on the basis of inaccurate information initially provided.
- I understand that this re-evaluation request refers only to federal financial aid and there is no guarantee of additional funding.
- I understand that payment arrangements must be in place for the bill to be paid on time, and I will not wait for the outcome of our re-evaluation request before doing so.

Student Signature: _____

Date: _____

Spouse Signature: _____
(optional)

Date: _____

Please submit this form and all supporting documentation directly to the Office of Student Financial Services.

You may submit the Re-evaluation for Federal Aid and requested forms by **uploading** them on the **my.hofstra.edu** portal. For instructions visit **hofstra.edu/fasteps**.

Questions? Please call 516-463-8000 and a Student Financial Services Representative will assist you.