# Financial Aid Reconsideration Form 2022-2023

## SECTION I. SPECIAL CIRCUMSTANCE FOR CONSIDERATION:

The 2022-2023 FAFSA collects student, spouse, and parent income information, as applicable, for January 1, 2020 to December 31, 2021. If there has been a significant change in income since that time for the periods 1/1/2022-12/31/2023 for anyone whose income information was used to complete the 2021-2022 FAFSA, you may submit this form for review of the special circumstance(s) related to the change of income you want considered. Please complete this section by responding to the situation that best fits you, your spouse, or parent(s). Attach a written explanation detailing the specifics of your circumstances along with any pertinent information that may add clarity to your request. Documentation listed as required but not submitted will cause a delay in our ability to review your request until every required document has been received.

<table>
<thead>
<tr>
<th>SPECIAL CIRCUMSTANCE</th>
<th>FOR A DEPENDENT STUDENT</th>
<th>FOR AN INDEPENDENT STUDENT</th>
<th>REQUIRED DOCUMENTATION</th>
</tr>
</thead>
</table>
| Loss of Employment   | Your parent(s) and/or your income earned in 2022 will be less than that earned in 2020. | Your (and/or your spouse's) income earned in 2022 will be less than that earned in 2020. | - Last pay stub showing year-to-date earnings  
- Termination notice from employer  
- Benefit notice from the Un-employment office  
- 2022-2023 Standard Verification Worksheet  
- 2020 Tax Return Transcript |
| Other Loss of Income  | Your parent(s) and/or you received benefits in 2020 which have ceased or been reduced in 2022. | You (and/or your spouse) received benefits in 2020 which have ceased or been reduced in 2022. | - 2020 Benefit statement listing total amount received  
- Benefit statement listing updated amount to receive and effective date  
- 2022-23 Standard Verification Worksheet  
- 2020 Tax Return Transcript |
| Separation or Divorce | Your parent(s) separated or divorced AFTER filing the FAFSA. | You and your spouse separated or divorced AFTER filing the FAFSA. | - 2020 Federal Tax Return Transcript, including all schedules  
- 2022-23 Standard Verification Worksheet  
- W-2 Wage statements for custodial parent/ or independent student  
- Divorce decree or separation agreement or proof of separate households. |
| Death of a Parent or Spouse | A parent has died AFTER filing the FAFSA. | Your spouse has died AFTER filing the FAFSA. | - 2020 Federal Tax return transcript including all Schedules  
- 2022-23 Standard Verification Worksheet  
- W-2 Wage statements for parent/ or independent student  
- Death announcement, and/ or Obituaries |
| Medical/Dental Expense if expenses exceed 11% of the (AGI) Adjusted Gross Income | Your parent(s) and/or you paid medical expenses in excess of 11% of AGI in 2020. | Your (and your spouse's) paid medical expenses in excess of 11% of AGI in 2020. | - Proof of medical bill payments  
- Letter from insurance company showing medical expenses not covered  
- 2020 Tax Return Transcript  
- 2022-23 Standard Verification Worksheet (Complete Section III) |
| One Time Payment Received | Your parent(s) received a one-time lump sum payment in 2020. | You (and your spouse) received a one-time lump sum payment in 2020. | - Documentation detailing One Time Payment amount, source and reason.  
- Explain how funds were used (include this in your explanation of the special circumstance you want considered).  
- Provide documentation of the use of the funds  
- 2020 Tax Return Transcript  
- 2022-23 Standard Verification Worksheet (Complete Section-III) |
| Other Circumstance Not Listed | | | - Documentation detailing circumstance.  
- 2020 Tax Return Transcript  
- 2022-23 Standard Verification Worksheet |
SECTION II. PROJECTED INCOME & BENEFITS FROM 1/1/2021 – 12/31/2021 (provide a completed 2021 tax return and schedules if after 12/31/21).

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Father (Step-Father)</th>
<th>Mother (Step-Mother)</th>
<th>Student</th>
<th>Student’s Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, Tips, Salary</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest and/or Dividend Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Business/ Farm Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Worker’s Compensation</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Pensions and/or Annuities</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Severance Pay</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Retirement Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Disability Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Social Security Benefits (taxable)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Child Support</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Alimony</td>
<td>$</td>
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<tr>
<td>Welfare Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Other:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Total of all Income</td>
<td>$</td>
<td>$</td>
<td>$</td>
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</tbody>
</table>

NOTE – Documentation of amount(s) received to date must be included (e.g. paystub, bank statements, etc.)

SECTION III. COMPLETE ONLY IF YOU HAVE ONE OF THE TWO CIRCUMSTANCES DESCRIBED:

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR MEDICAL/DENTAL EXPENSES PAID IN 2020:

Medical/Dental Expenses in 2020: $ __________

COMPLETE ONLY IF YOUR SPECIAL CIRCUMSTANCE IS FOR A ONE-TIME PAYMENT RECEIVED IN 2020:

Amount of lump sum received in 2020: $ __________

Signatures (Required)
By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If you are considered a dependent student, at least one parent must sign before submitting. WARNING: If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature & Date ____________________________

Parent Signature & Date ____________________________

Please submit all requested documents in person, by mail, by fax or by password enabled email:

Student Financial Services- Financial Aid Division
820 Chestnut Street- 103 Young Hall
Jefferson City, MO. 65101
Fax: (573) 681-5871
Email:financialaid@lincolnu.edu