

Re-evaluation for Special Circumstances 2023-2024



NORTHERN ILLINOIS UNIVERSITY
Financial Aid and Scholarship Office
Your Future. Our Focus.

Submit to:
Financial Aid and Scholarship Office
Swen Parson Hall 245
DeKalb, IL 60115

NIU Student Information: For scanning purposes, use black or blue ink to complete this form.

Name _____ Z-ID _____
Last Name First

You must complete the 2023-2024 Free Application for Federal Student Aid (FAFSA) before submitting this form to the Financial Aid and Scholarship Office. If your file has been selected for verification, you are required to complete verification before this form can be processed.

Your financial aid award for the 2023-2024 academic year is based on 2021 income information. If your circumstances have changed since the filing of your 2023-2024 financial aid applications, you may petition our office for a special review. The Financial Aid and Scholarship Office will determine your financial aid need based on your Special Circumstances and the required documentation. Special Circumstances can only address changes in income and adjusted gross income. Asset information, such as the amount in cash, savings, and checking, cannot be changed.

You will be required to submit additional documentation based on the statement you provide. This could include but is not limited to Household size confirmation, Tax Returns, W2s, 1099s. A member of the Appeals Committee will contact the student regarding the documentation we need.

Special Circumstances include but are not limited to:

- Student or Parent decrease in Income for 2022 or 2023
- Loss of one-time Income
- Change in Marital Status after the FAFSA was completed
- Medical/Dental Expenses

Explanation of Special Circumstances:

(Please write clearly and legibly. Attach a separate sheet or a typed letter, if more space is needed)

Please help us better understand the special circumstances occurring in the 2021 or 2022 calendar year by providing an explanation below. Be as detailed as possible and include specific dates and amounts. Statements should be legible. Minimum one paragraph, four sentences:

Please check the appropriate box on the next page, sign the form, and then submit it to our office.

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Re-Evaluation for Special Circumstances Continued

Z-ID _____

Student or Parent Decrease in Income:

Student or FAFSA Parent(s) will have a significant decrease in income

- Documentation will be requested. This may include 2022 taxes, verification of 2023 expected earnings, or any additional sources of income such as Child Support, Alimony, Veterans Benefits and Unemployment.

Loss of one-time Income:

You or your FAFSA parent(s) received one-time income in 2021 that did not occur in 2022 or 2023

- Documentation will be requested. This may include 2022 taxes, verification of 2023 expected earnings, or any additional sources of income such as Child Support, Alimony, Veterans Benefits and Unemployment.

Change in Marital Status:

You have already submitted a FAFSA and since that time you or your parents have separated or divorced and are now living separately. Documentation of separate addresses will be required.

If parent or spouse is deceased please provide a copy of the death certificate.

Dependent students must also complete and submit the "Marital Status Verification Form" found at:

https://www.niu.edu/financial-aid/_pdf/forms/2023-2024/marital-status-dependent.pdf

Independent students must also complete and submit the "Marital Status Verification Form" found at:

https://www.niu.edu/financial-aid/_pdf/forms/2023-2024/marital-status-independent.pdf

Medical/Dental Expenses:

You or your parent(s) paid medical/dental expenses in excess of 20% of the Adjusted Gross Income (AGI)

- Submit a detailed summary of all medical/dental expenses paid out-of-pocket by your family in a 12 month period including the date, type of expense and the amount paid. Do not include amount paid by insurance or billed by your medical providers.

Required Signatures: *(Please print this form and then sign.)*

By signing below:

1. I/We affirm the information provided on this form and in attached documentation is accurate and complete to the best of our knowledge. I/We understand that completing this form does not guarantee financial aid will be increased. Further, I/we understand that any revision based on this information does not guarantee the same adjustments will be made in future semesters and/or academic years.
2. I/We understand the complete information will be reviewed by the Financial Aid and Scholarship Office and that additional processing time may be necessary in the event more information is requested. I/We understand all applicable circumstances will be considered and appropriate adjustments will be made.

Student Signature _____ Date _____

Parent Signature _____ Date _____