

# Re-evaluation for Special Circumstances 2024-2025



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 2024-2025 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 2024-2025 academic year is based on 2022 income information. If your circumstances have changed since the filing of your 2024-2025 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 2023 or 2024
- 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 2023 or 2024 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:*

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

Continued on page 2 ->

# 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 2023 taxes, verification of 2024 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 2022 that did not occur in 2023 or 2024

- Documentation will be requested. This may include 2023 taxes, verification of 2024 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/2024-2025/marital-status-dependent.pdf](https://www.niu.edu/financial-aid/_pdf/forms/2024-2025/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/2024-2025/marital-status-independent.pdf](https://www.niu.edu/financial-aid/_pdf/forms/2024-2025/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 \_\_\_\_\_