Independent Request for Reevaluation 2017–2018

NEW YORK INSTITUTE OF TECHNOLOGY

STUDENT INFORMATION

Last name _____ **First name** _____ **NYIT ID** _____

If there has been a significant change in your financial situation, you may request a reevaluation of your financial aid.
Please read all the directions carefully and submit supporting documentation.

Please select the appropriate condition below in which you are requesting a reevaluation. Then, indicate the year in which you are requesting a reevaluation.

- ◯ A. You had earnings in 2015, but have become unemployed recently. Please provide documentation.
- ◯ B. You had earnings in 2016, but have become unemployed recently. Please provide documentation.
- ◯ C. You received unemployment compensation or some untaxed income, or benefit in 2015 but have lost that compensation, income, or benefit recently. Please provide documentation.
- ◯ D. You received unemployment compensation or some untaxed income, or benefit in 2016 but have lost that compensation, income, or benefit recently. Please provide documentation.
- ◯ E. You have already applied for federal aid and since that time, you have become separated, divorced or widowed. Indicate the year of occurrence: ◯ 2016 ◯ 2017 Please provide reevaluation documentation (see below).
- ◯ F. You have experienced a significant change in your financial situation that did not result from one of the conditions listed above. Indicate the year of occurrence: ◯ 2016 ◯ 2017. If your year of occurrence is 2016, please complete steps 1–5 below. If your year of occurrence is 2017, please complete steps 1–3, & 5 below.

Clearly define the changes in financial circumstances in writing and submit to the Office of Financial Aid along with this form.

A copy of the following information must accompany all applications:

1. A completed, signed 2017–2018 Verification Worksheet (V1).
2. A detailed personal letter stating exactly why you are requesting a reevaluation. Clearly define the changes in financial circumstances in writing and submit to the Financial Aid Office along with this form.
3. A copy of your 2015 Tax Return Transcript. If you filed a federal amended tax return, please submit the original Tax Return Transcript(s) and 1040X. You may request a copy of your Tax Transcript by contacting the IRS (www.irs.gov or 800.908.9946).
4. If the extenuating circumstance occurred in the 2016 year, provide a copy of your 2016 Tax Return Transcript. If you filed a federal amended tax return, please submit the original Tax Return Transcript(s) and 1040X. You may request a copy of your Tax Transcript by contacting the IRS (www.irs.gov or 800.908.9946).
5. Any other supporting documentation such as your most recent pay stub, a copy of unemployment benefits, a letter of termination from your employer, a letter regarding termination of Social Security benefits, marriage/divorce/death certificate, etc.

EXPECTED INCOME FOR THE 2016 or 2017 CALENDAR YEAR

If you indicated your year of occurrence as 2016, please complete section below:

A. Actual 2016 income earned by student	$
B. Actual 2016 income earned by spouse	$
C. Actual 2016 other taxable income	$
D. Actual 2016 untaxed income and benefits	
1. Social Security benefits*	$
2. Public assistance*	$
3. Child support received for *all children**	$
4. Other untaxed income and benefits*	$

*You must provide documentation.

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If you indicated your year of occurrence as 2017, please complete the section below:		
A. Expected 2017 income earned by student	$	
B. Expected 2017 income earned by spouse	$	
C. Expected 2017 other taxable income	$	
D. Expected 2017 untaxed income and benefits		
1. Social Security benefits*	$	
2. Public assistance*	$	
3. Child support received for *all children**	$	
4. Other untaxed income and benefits*	$	

*You must provide documentation.

CERTIFICATION

I hereby certify that all information contained on this request for reevaluation, including supporting documentation, is true and complete to the best of my knowledge.

Student name	**Student signature**	**Date**
		MM/DD/YYYY
Spouse name	**Spouse signature**	**Date**
		MM/DD/YYYY

OFFICE OF FINANCIAL AID INFORMATION

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