

Office of Student Financial Aid and Scholarships

Student's Name: _____ **ID#:** _____
(Please print) **Last** **First**

2014-2015 PARENT RE-EVALUATION OF FEDERAL STUDENT AID APPLICATION

The Office of Student Financial Aid and Scholarships may exercise professional judgment to re-evaluate a student's financial information for certain extenuating circumstances. Check the appropriate item(s) that apply to your circumstances and follow the corresponding instructions.

You the parent, or your spouse, may be eligible for this re-evaluation if you have experienced one of the following (please mark all that apply):

- Loss or Reduction of Income** – you may qualify for this adjustment if your household income has decreased significantly from your household's 2013 income.
- Complete the attached **Estimated Income Form**
 - Attach a **signed** personal statement detailing your circumstances
 - Attach all documentation that may be applicable to your situation
i.e. Letter of termination from employer, Letter of Resignation to the employer, final pay stub showing year-to-date income, legal statement of change in child support amount, statement of reduction in social security benefits.
- If you are receiving, or have received, Unemployment benefits, you must submit an Unemployment benefit statement for all periods that benefits have been paid**
- Excessive medical/dental expenses** – you may qualify for this adjustment if your household's out-of-pocket medical expenses are more than the Department of Education estimate for your household.
- Complete the attached **Medical/Dental Expense Form**
 - Attach a **signed** personal statement detailing your circumstances
 - Provide a statement from each medical, dental or insurance provider documenting the amount you paid after insurance was billed between January 1, 2013 and December 31, 2013
- Change of Marital Status** – you may qualify for this adjustment if you have married, divorced, separated, or your spouse passes away since you completed your FAFSA application.
- Complete the attached **Change of Marital Status Form**
 - Attach a **signed** personal statement detailing your circumstances
 - Attach documentation that may be applicable to your situation
i.e. marriage certificate, death certificate, statement of divorce
- If you have married since completing your FAFSA, attach your spouse's 2013 IRS tax return transcript**

Before this request for reevaluation can be processed, the information on your student's current financial aid application must be verified. If you have not already completed the verification process please contact the Office of Student Financial Aid and Scholarships so that we can post the required documents to your student's account. These documents will include a 2013 IRS tax return transcript for you and your student (if filed) and both Parent and Student Verification Worksheets.

Student's Name: _____

ID#: _____

Estimated Income Form

Please enter an estimate of each type of income listed below for the 2014-2015 academic year. **If a section does not apply to you, indicate zero or not applicable.** Blank answers will cause the form to be considered incomplete and a new form will have to be submitted.

*Please use annual gross amounts, not net (take home) or monthly amounts
-to be completed by the parent-*

Your Estimated Finances for September 1, 2014 – August 31, 2015		Your Spouse's Estimated Finances for September 1, 2014 – August 31, 2015	
Estimated total wages from work:	\$ _____	Estimated total wages from work:	\$ _____
Rental income, S corporation income, or royalties:	\$ _____	Rental income, S corporation income, or royalties:	\$ _____
Unemployment compensation:	\$ _____	Unemployment compensation:	\$ _____
Self-employment (business) income:	\$ _____	Self-employment (business) income:	\$ _____
Payments <i>made to</i> tax-deferred pensions and savings plans, including 401(k) and 403(b):	\$ _____	Payments <i>made to</i> tax-deferred pensions and savings plans, including 401(k) and 403(b):	\$ _____
Payments <i>made to</i> tax deductible IRA, Keogh and other qualified plans:	\$ _____	Payments <i>made to</i> tax deductible IRA, Keogh and other qualified plans:	\$ _____
Child support received:	\$ _____	Child support received:	\$ _____
Tax exempt interest or dividend income:	\$ _____	Tax exempt interest or dividend income:	\$ _____
IRA or pension distributions:	\$ _____	IRA or pension distribution:	\$ _____
Taxable Social Security benefits:	\$ _____	Taxable Social Security benefits:	\$ _____
Worker's Compensation:	\$ _____	Worker's Compensation:	\$ _____
Other taxable income; please list type: _____	\$ _____	Other taxable income; please list type: _____	\$ _____
Other untaxed income; please list type: _____	\$ _____	Other untaxed income; please list type: _____	\$ _____

**Portland State University
PO Box 851
Portland, OR
97207-0851**

**Phone: 503-725-3461
Toll Free: 800-547-8887
FAX #: 503-725-5965**

All the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Parent's signature

Date

Student's Name: _____

ID#: _____

Change of Marital Status Form

If a section does not apply to you, indicate zero or not applicable. Blank answers will cause the form to be considered incomplete and a new form will have to be submitted.

Current Marital Status

Indicate your marital status as of today:

Married Remarried Separated Divorced Widowed

_____ Date of most recent marital status
MM/DD/YY

_____ Number of family members in your household, which includes yourself, your spouse (if married today); your children who receive more than half their support from you/your spouse from July 1, 2014 through June 30, 2015; and other people who live with you/your spouse and you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2014 through June 30, 2015.

_____ Number of above family members who are, or will be, attending college in the 2014-2015 school year. Always count the student, plus any other family members who attend at least half-time. **Parents cannot be counted as a family member attending college for financial aid purposes.**

Sources of Untaxed Income

If you have experienced a change in untaxed sources of income (i.e. child support, alimony, spousal support, etc.) due to the change of your marital status, please indicate the type and expected annual amount below:

Type of Income	Amount for 2014	Amount for 2015
	\$ _____	\$ _____
	\$ _____	\$ _____

Division of Assets

Has a division of assets (i.e. real estate, investments, etc.) occurred due to the change of your marital status?

NO

YES - *If 'YES' attach documentation of type, value, debt secured by the asset, and percentage of ownership.*

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