

## FINANCIAL AID OFFICE

600 Forbes Avenue Pittsburgh, PA 15282-0299 Phone: 412-396-6607 Fax: 412-396-5284

duq.edu/admissions-and-aid

## 2024-2025 Special Circumstance Request Form

| Student Name: | Student ID: |
|---------------|-------------|
| Email:        | Phone:      |

Your financial aid for the **2024-25** academic year is based on **2022** income information. If you and/or your parent(s) circumstances have changed since the filing of your 2024-25 financial aid applications, you may request a reevaluation of eligibility.

The following are examples of scenarios that may be eligible for a reevaluation of eligibility:

- Loss of income due to loss of employment or reduction in salary
- Death of a Parent or Spouse
- Divorce or Legal Separation
- One-Time/Non-Recurring Income
- Medical or Dental expenses paid out of pocket and not covered by medical or dental insurance during a single, recent year
- Dependency Override

Note, the following scenarios may not be considered for a reevaluation of eligibility:

- Loss of overtime or bonus income
- Fluctuations in self-employment or business income, although exceptions may be made in the case of businesses impacted by COVID-19
- Bankruptcy, foreclosure, or collections cost associated with outstanding debts
- Consumer debt such as credit cards, car payments, mortgage, and other loans
- Payments on back taxes owed to the IRS
- Lottery or gambling winnings or losses

| Check | Circumstance or Event  | Required Supporting Documentation  |  |  |
|-------|--|--|--|--|
|       | Significant loss of income due to termination or involuntary separation from employer (Current income is significantly lower than the income reported on 2022 Income Tax forms)                      | <ul> <li>2022 Federal Income Tax Returns (unless IRS DRT was used on FAFSA)</li> <li>Copy of three most recent pay stubs for student and/or parent</li> <li>Termination, Furlough, or Reduction-in-Force notification from employer</li> <li>Severance Statement (if applicable)</li> <li>Unemployment Benefits Statement (if applicable)</li> </ul> |  |  |
|       | <b>Death of Parent or Spouse</b><br>(If 2022 Income Tax data reflects income from a now<br>deceased member of the household)   | <ul> <li>2022 Federal Income Tax Returns</li> <li>W-2 Income Statements</li> <li>Death Certificate</li> <li>Copy of three most recent paystubs for student and/or parent</li> </ul>  |  |  |
|       | <b>Divorce or Separation</b> (If 2022 Income Tax data reflects joint income from a partner or parent who has since been divorced or legally separated and no longer contributed to household income) | <ul> <li>Divorce Decree</li> <li>Legal Separation documentation and proof of current separate residences</li> <li>2022 Federal Income Tax Returns</li> <li>W-2 Income Statement from student and/or parent</li> </ul>  |  |  |

|  | One-time/Non-Recurring Income<br>(Income that was on the 2022 Income Tax Forms<br>but was from a 1-time event and not an annual<br>part of total income) | reference to  Documentation | of what the 1-time/non-recurring income was in on such as IRA Distribution docs, Bill of Sale from try, and/or Form 1099                      | the |  |
|--|--|-----------------------------|---|-----|--|
|  | <b>Medical Expenses</b><br>(Must be more than 10% of Adjusted Gross<br>Income)   | reimbursed o                | on of outstanding/prior year medical bills not repaid by insurance of special circumstances   |     |  |
|  | <b>Dependency Override</b> (Dependent-to-Independent status change)  | completing a                | inancial Aid Office for more information on<br>separate Dependency Override Request Form and<br>equired documentation to request a Dependency |     |  |
|  | St   | atement of Event            |   |     |  |
| Please use the space below to explain any information on this form or expand upon your family's circumstances. All supporting/required documentation should be attached to this application and submitted together in one submission. Please ensure you have attached all required documentation. Incomplete requests will be denied.  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   | -   |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
|  |  |                             |   |     |  |
| Student Certification  |  |                             |   |     |  |
| I/We certify that the information provided on this form as well as all attached supporting documentation is accurate and complete as of this date. I/We understand that the request for a financial aid re-evaluation is not guaranteed to result in a change to my financial aid eligibility and does not release me from payment of any balance due on my student account. |  |                             |   |     |  |
| Student Sig  | nature:  |                             | Date:   |     |  |
|  |  |                             |   |     |  |
| Parent Signature:  |  | Date:                       |   |     |  |
|  |  |                             |   |     |  |
| Office of Financial Aid  |  |                             |   |     |  |
| Director:  |  | Date:                       | Approved Denied   |     |  |
|  |  | '                           | '   |     |  |