

**Request for Re-evaluation: Independent Students**

**STUDENT NAME** \_\_\_\_\_

**ID#** \_\_\_\_\_

If you believe you have a special circumstance, or there has been a significant change to your family income, please submit this form along with all supporting documentation to request a re-evaluation of your federal financial aid. If additional documentation is required, you will be contacted. You must have a valid 2025-26 Free Application for Federal Student Aid (FAFSA) on file. Submission of this form does not guarantee an adjustment to your financial aid offer.

Please submit the following items in addition to the documentation described below for your circumstance:

- Signed copy of the student and spouse (if applicable) 2023 Federal Tax Return (if filed)
- Signed copy of the student and spouse (if applicable) 2024 Federal Tax Return (if filed)
- Copies of the student and spouse (if applicable) 2023 and 2024 W2 form(s)
- Personal statement describing the re-evaluation request in detail

<b>Special Circumstance (Please check applicable boxes)</b>	<b>Additional Documentation Needed</b>
<input type="checkbox"/> Loss of Wages, Income or Employment <input type="checkbox"/> Termination, Layoff, or Company closing <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Job change or permanent reduction in hours <input type="checkbox"/> Loss of benefits (i.e. taxable Social Security, Child Support)	Name of Student/Spouse: _____ Effective Date: _____ <input type="checkbox"/> Letter from employer stating effective date of separation, termination or job change <input type="checkbox"/> Last pay stub showing year to date earnings <input type="checkbox"/> Most recent pay stub for all income earners in household <input type="checkbox"/> Unemployment documentation <input type="checkbox"/> Severance documentation <input type="checkbox"/> Statement from company/agency re: loss of benefits
<input type="checkbox"/> Divorce/Separation	Name of Ex-spouse: _____ Effective Date: _____ <input type="checkbox"/> Copy of divorce agreement, separation agreement, letter from attorney or mediator, or proof of separate residences (i.e. pay stubs, utility bills, lease agreement etc.)
<input type="checkbox"/> Death of Spouse	<input type="checkbox"/> Copy of death certificate

<input type="checkbox"/> Out of Pocket Medical Expenses (not covered or reimbursed by insurance)	<input type="checkbox"/> Copy of Federal 1040 Schedule A for the applicable tax year <input type="checkbox"/> Copies of insurance statements, bills or receipts of out of pocket costs
<input type="checkbox"/> Child Care or Dependent Care Costs <input type="checkbox"/> Elementary or Secondary School Costs	<input type="checkbox"/> Copy of recent bills and/or payment receipts
<input type="checkbox"/> Catastrophic Occurrence	One-time event (i.e. natural disaster) resulting in losses <input type="checkbox"/> Copy of Federal 1040 Schedule A for applicable tax year <input type="checkbox"/> Copies of insurance statements, bills, receipts, or estimates (not covered by insurance)

**Household Information**

List all members residing in your household, including:

- Yourself
- Your spouse, if you have one, regardless of gender
- Your children, if you will provide more than half of their support from July 1, 2025 through June 30, 2026, even if they do not live with you
- Other people that currently live with you for whom you will provide more than half of their support between July 1, 2025 through June 30, 2026

Full Name	Age	Relationship	College Enrollment (July 1, 2025-June 30, 2026)

I (we) request consideration of special circumstances in determining my (our) family contribution as calculated by the Federal financial aid methodology. I (we) certify that the information provided is true and complete to the best of my (our) knowledge.

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Student

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Spouse (optional)

***Please submit this form and all supporting documentation to the Office of Financial Aid at the campus you attend.***

**St. Joseph's University Attn: Office of Financial Aid  
Long Island and Online Campuses  
155 West Roe Boulevard  
Patchogue, NY 11772  
FAX: 631-650-2525  
PHONE: 631-687-2600**

**Brooklyn Campus  
245 Clinton Avenue  
Brooklyn, NY 11205  
FAX: 718-940-5312  
PHONE: 718-940-5700**