

2021-2022 Request for Re-Evaluation
Independent Students

Student Name: _____

VCU ID #: V _____

If you have experienced a loss of income or COVID-19 related disruption, please submit this form and supporting documents to substantiate your circumstances. The office will re-evaluate your financial aid eligibility, if you have submitted your 2021-2022 Free Application for Federal Student Aid (FAFSA) to VCU. The submission of this appeal form does not guarantee additional consideration for financial aid programs.

If your situation meets the circumstance detailed below, please submit:

- A copy of the student's and spouse's 2020 Federal Tax Return Transcripts or a signed copy of the federal tax returns, if you are requesting that we update the FAFSA information to reflect this tax year.
- Copies of the student's and spouse's, if applicable, W-2(s) for 2020.

Reason for Re-Evaluation Request

Please check the box and submit all required documentation that applies to your circumstance.

<i>Special Circumstance</i>	<i>Additional Documentation Needed (submit documentation for all boxes below)</i>
<input type="checkbox"/> Loss of Wages 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 Relocation in Work Hours <input type="checkbox"/> Loss of Benefits (taxable social security, untaxed court-ordered child support, or other untaxed benefits)	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 paystub, if change occurred in 2020 or 2021 <input type="checkbox"/> Most recent paystub from all income earners in household <input type="checkbox"/> Unemployment benefit documentation (must be dated within 90 days of submission) <input type="checkbox"/> Severance payment documentation <input type="checkbox"/> Statement from company/agency explaining loss of benefits
<input type="checkbox"/> Divorce/ Separation	Name of Person: _____ Effective Date: _____ <input type="checkbox"/> Copy of divorce decree, separation document, or letter from attorney <input type="checkbox"/> Or copies of spouse's most recent paystub and utility bill to verify separate residence
Detailed Explanation of Circumstances (<i>attach additional sheets if necessary</i>)	



VCU Financial Aid

Student Financial Services

Verification of Household Information

You may skip this section if your FAFSA was selected for the verification process.

List all members residing in your household, including:

- Yourself,
- Your spouse if you have one, regardless of gender, and
- Other people if they now live with you, and you provide more than half of their support from July 1, 2021 through June 30, 2022.

Full Name	Age	Relationship	College Enrollment (July 1, 2021 – June 30, 2022)
		Self	VCU

Certification

By signing below,

- I certify that all the information contained on this form, and all documentation provided, is accurate and complete to the best of our knowledge.
- I agree to provide additional information if it is required.

Student Signature: _____

Date: _____

Spouse Signature: _____
(optional)

Date: _____

Please submit this form and all supporting documentation directly to the Student Financial Management Center.

In Person: Harris Hall, First Floor

Mail: VCU Student Financial Management Center
Harris Hall, 1015 Floyd Avenue, First Floor
Box 843026
Richmond, VA 23284-3026

Fax: (804) 827-0060

Email: Log in to Navigate at vcu.navigate.eab.com to email your financial counselor or contact the Student Financial Management Center at sfmc@vcu.edu.



VCU Financial Aid

Student Financial Services