

2024-2025 Special Circumstances Request Form

Please note that completion of this form does not guarantee a revision of your financial aid award.

Request for Reevaluation of Need for:

First Name MI Last Name (Please Print)

Student ID Number

SEU Email

Phone Number

I. Please indicate the appropriate reason and the date of your family's change of circumstance. Additional supporting documents must be submitted with this form. Please speak with your financial aid counselor for a full list of required supporting documentation.

Reason

Date

1. () Loss of employment or change in employment status
Please provide copy of payment reduction or
termination notice.

month/day/year

2. () Loss of earnings due to disability or natural disaster

month/day/year

3. () Loss of untaxed income or benefit
Please provide proof of reduction.

month/day/year

4. () Death of a Parent

month/day/year

5. () Divorce/Separation

month/day/year

6. () Other, Please Explain below.

month/day/year

II. Please provide a detailed explanation of the circumstances surrounding the reduction in your family's 2023 income. You may attach a separate sheet if necessary.

III. Please estimate family income for the entire year, January 1, 2024 to December 31, 2024, in each area listed below.
If NONE, please enter ZEROS.

Expected 2024 Taxable Income:

Number of Exemptions _____

1.	Wages, Salaries, Tips	Father/Stepfather _____	1a
		Mother/Stepmother _____	1b
2.	Interest/Dividend Income	_____	2
3.	Alimony	_____	3
4.	Business or Farm Income	_____	4
5.	Capital gains	_____	5
6.	Pensions and Annuities	_____	6
7.	Rents	_____	7
8.	Unemployment Compensation	_____	8
	If answer is "0" and unemployed, please explain:		

9.	Other Taxed Income (Please explain)	_____	9

10.	TOTAL TAXED INCOME	_____	10

Expected 2024 Untaxed Income and Benefits:

1.	Social Security – untaxed portion	_____	1
2.	Public Assistance	_____	2
3.	Payments to Tax-Deferred Pension and Savings Plans (paid directly or withheld from earnings). Include 401(K) and 403(B) plans	_____	3
4.	Child Support (received for all children in household)	_____	4
5.	Untaxed Portions of Pensions and Annuities	_____	5
6.	Housing Allowance (military or clergy)	_____	6
7.	Retirement or Disability Benefits	_____	7
8.	Worker’s Compensation	_____	8
9.	Other Untaxed Income (Please explain)	_____	9
10,	TOTAL UNTAXED INCOME	_____	10

IV. We certify that the information listed above is true and correct to the best of our knowledge and belief. We also understand that we are responsible for notifying the Office of Financial Aid of any changes to the reported circumstances and amounts of income. These signatures authorize Saint Elizabeth University to make any appropriate changes to the originally reported FAFSA data as a result of the review process.

**Complete Sections I, II, III, and IV and return this form
and all supporting documentation to:**

Saint Elizabeth University Office of Financial Aid
2 Convent Road
Morristown, NJ 07960
financialaid@steu.edu, 973-290-4445 (P)

Student’s Signature

Date

Parent’s Signature

Date