

| For Office Use Only | |
|---------------------|--------|
| Checklist Item | 9RLV22 |
| COMMKEY | 9REVRQ |

2021-2022 REQUEST FOR RE-EVALUATION

The FAFSA collects income information from two years prior to the academic year that aid will be processed. This is used as a snapshot of your family ability to contribute to your educational expenses. If you or your parent had a significant change in financial circumstances, you may be eligible to have your financial aid re evaluated based on projected income and financial information for the period between July 1, 2021 through June 30, 2022. **This form, along with all required documentation, must be submitted no later than April 14th, 2022.**

Student Name _____

Stony Brook ID _____

Section A:

***Submission of this request does not guarantee an adjustment to your financial aid award.**

***Provide a Detailed Explanation of Change in Financial Circumstances (attach additional sheets if necessary.
Make sure you include dates and indicate which parent had a change in financial circumstances.***

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Section B: Change in parent marital status

Complete this section if a change in marital status occurred after filing the 2021/2022 FAFSA:

Dependent Student

Divorce/Separation of Parents: Submit ALL of the following documents - Effective Date: _____

☐ Parent's 2019 signed Federal Tax Return with all associated schedules

☐ Parent's 2019 W-2 form(s)

☐ Copy of divorce decree, separation document, or letter from attorney

Or copies of noncustodial parent's most recent paystub and utility bill to verify separate residence

Will your parent receive child support between July 1, 2021 and June 30, 2022?

☐ Yes, Amount for all children \$_____ ☐ No

If applicable:

☐ Student's 2019 signed Federal Tax Return with all associated schedules

☐ Student's 2019 W-2 form(s)

Name of custodial Parent: _____

Death of Parent: Submit ALL of the following documents

☐ Parent's 2019 signed Federal Tax Return with all associated schedules

☐ Parent's 2019 W-2 form(s)

☐ Copy of death certificate

☐ Copy of any survivor benefits paid on parents' behalf, Estimated Amt.\$_____

☐ Copy of any Taxable Social Security Benefits that will be received between July 1, 2021 and June 30, 2022

Independent Student**Divorce/Separation** Effective Date: _____☐ Copy of divorce decree, separation document, or letter from attorney

Or copies of spouse's most recent paystub and utility bill to verify separate residence.

Will you receive child support between July 1, 2021 and June 30, 2022?☐ Yes, Amount for all children \$ _____ ☐ No*Will you pay child support between July 1, 2021 and June 30, 2022?*☐ Yes, Amount for all children \$ _____ ☐ No☐ Student's 2019 signed Federal Tax Return with all associated schedules☐ Student's 2019 W-2 form(s)**Death of Spouse**☐ 2019 signed Federal Tax Return with all associated schedules☐ 2019 W-2 form(s)☐ Copy of death certificate☐ Copy of any survivor benefits paid on your behalf, Estimated amount \$ _____☐ Copy of any Taxable Social Security Benefits that will be received between July 1, 2021 and June 30, 2022**Section C:****Complete this section if you had a significant change in income that was reported on the 2021-2022 FAFSA******Note: If the loss/reduction of income is due to employment termination or work hour reduction the family must wait 8 weeks from the effective date before submitting this form.**

| LOSS OR REDUCTION OF INCOME: | REQUIRED DOCUMENTATION |
|---|--|
| <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent(s) REASON: _____ <input type="checkbox"/> Employment termination** <input type="checkbox"/> Work hour reduction** <input type="checkbox"/> Retirement, <input type="checkbox"/> Disability, <input type="checkbox"/> Job Change Name of Parent: _____ Effective Date: _____ | <input type="checkbox"/> Signed 2019 Federal Tax Return with all associated schedules <input type="checkbox"/> 2019 W-2 form(s) <input type="checkbox"/> Letter from employer stating effective date of separation, termination, or job change <input type="checkbox"/> Did you or your parent receive any nontaxable income (i.e. pension, worker's comp, etc.) Yes \$ _____ <input type="checkbox"/> No <input type="checkbox"/> Did you or your parent receive a severance payment documentation and/or unemployment income: Yes \$ _____ <input type="checkbox"/> No <input type="checkbox"/> Most recent unemployment benefits summary documentation <input type="checkbox"/> Most recent pay stubs (8 weeks) How often are you paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other: |
| LOSS OF UNTAXED INCOME OR BENEFIT (i.e, child support, disability, etc.). <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> parent(s) | <input type="checkbox"/> Letter or statement from agency confirming loss of benefit and actual amount that will be received from 7/1/2021-6/30/2022 |

****Important note to business owners:** If you are expecting a loss of income for 2021 please note that due to the unpredictable nature of business income, you will be required to submit a copy of your 2021 tax return. Failure to submit the 2021 tax return by May 1, 2022 will result in cancelation of all federal aid.

Section D: Complete this section if you had excessive Medical Expenses

Note: Out of pocket expenses must exceed 11% of your adjusted gross income (AGI) as per the IRS threshold guidelines

Submit the following:

☐ Copies of insurance statements/receipts to show out of pocket costs (Must be itemized and totaled)

Section E: Asset Information: All are required to complete this section - Do not leave any blank spaces; if the answer is zero place a \$0 on the line. ** Include the market value of land, buildings, machinery, equipment, inventory, etc... minus the debt the business or investment farm was used as collateral. Do not include the value of a small business that you (and/or your parents) own and control and has less than 100 full time or full time equivalent employees. Also, do not include a family farm that you (and/or your parents) live on and operate.

| | Student | Parent(s) | | | | |
|---|--|---|---------|-----------|--|--|
| 1. As of the date you signed your 2021-2022 FAFSA, what was the total current balance in cash and of all savings and checking accounts? | \$ _____ | \$ _____ | | | | |
| 2. As of the date you signed your 2021-2022 FAFSA, what was the net worth of investments? (Do not include real estate). Net worth means current value minus debt. | \$ _____ | \$ _____ | | | | |
| Examples of investments to be included: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <ul style="list-style-type: none"> • Stock options • UGMA & UTMA accounts • Mutual Funds • Coverdell savings accounts • Commodities, etc. </div> <div style="width: 33%;"> <ul style="list-style-type: none"> • Trust Funds • Money Market Funds • Certificate of Deposit • 529 College Savings Plans • Bonds </div> <div style="width: 33%;"> <ul style="list-style-type: none"> • Refund value of 529 prepaid tuition plans • Other securities • Installments and land sale contracts (including mortgages held) </div> </div> | | | | | | |
| 3. Real Estate Investments (You MUST ANSWER BOTH 3a & 3b): | | | | | | |
| a. Is the home that your family owns and resides in a multifamily dwelling? (e.g., a portion of your home contains a rental unit) <div style="display: flex; justify-content: space-between; width: 100%;"> <div> <input type="checkbox"/> YES </div> <div> <input type="checkbox"/> NO </div> </div> | | | | | | |
| ONLY If you answered YES to part 3a, please answer the following questions: | | | | | | |
| What is the current market value of the property if sold today? \$ _____ | What is the mortgage balance owed on the property? \$ _____ | Number of family units in the property? _____ | | | | |
| b. Do you or your parent(s) own real estate other than your primary residence (may be listed on schedule E of 1040 tax form)? <div style="display: flex; justify-content: space-between; width: 100%;"> <div> <input type="checkbox"/> YES </div> <div> <input type="checkbox"/> NO </div> </div> | | | | | | |
| ONLY If you answered YES to part 3b, please answer the following questions: | | | | | | |
| What is the total current market value of all properties if sold today? \$ _____ | What is the total mortgage balances owed on all properties? \$ _____ | | | | | |
| 4. Do you or your parents own a business that has GREATER than 100 employees? | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Student</th> <th style="width: 50%; text-align: center;">Parent(s)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </tbody> </table> | | | Student | Parent(s) | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Student | Parent(s) | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 5. If you answered YES to number 4, please answer the following questions: | | | | | | |
| What type of business do you own? _____ | How many full time employees do you have? _____ | | | | | |

As of the date you signed your FAFSA, what was the net worth of your current businesses and/or investment farms**?

\$ _____ \$ _____

Section F: Certification

We have completed all sections of this form and the information contained herein is true and complete to the best of our knowledge. **We also understand that if our financial situation changes during the academic year we must notify the appropriate Financial Aid Office immediately.**

Student Signature/Date

Parent Signature/Date

PLEASE NOTE: Your request for a re-evaluation will be held until **ALL** the required information **AND** documentation is received. Please return this completed form along with the required documentation to the appropriate financial aid department. Standard processing time for re-evaluations is 7-10 business days from the date in our office receives final requested documents

WARNING: If you purposely provide false or misleading information, you may be fined up to \$20,000, sent to prison or both.

Financial Aid Mailing and Contact Information

You must print and sign this form as electronic signatures are not acceptable.

For secure and faster processing, submit this form via the [Upload Process](#) located in your SOLAR To Do List.

Need help scanning your document? Check out our [Scanning Documents Using Your Smartphone guide](#).

Note: Only .tif and/or .pdf file types are allowed for uploading.

Alternatively, mail or fax all documents to the financial aid office listed below.

Be sure to include the student's name and **Stony Brook ID** on all correspondence.

Office of Financial Aid and Scholarship Services
Stony Brook Union, Suite 208
Stony Brook, NY 11794-3252
Telephone: 631-632-6840
Fax: 631-632-9525