COLLEGE OF MEDICINE 2022-2023 RESOURCE (INCOME) RE-EVALUATION

Please contact the College of Medicine Financial Aid Office for guidance.
*Please type or write in **BLACK** ink. **DO NOT** use pencil.*

STUDENT LAST NAME: FIRST: MI:	STUDENT ID #:
PHONE:	E-MAIL:

□ P-MAP □ 1st Year Medical □ 2nd Year Medical □ 3rd Year Medical □ 4th Year Medical □ MD-MPH □ MD-Ph.D.
□ MD- Pathology Year

The 2022-2023 financial aid awards are based on 2020 calendar year income and resources. In some cases, special circumstances may qualify for a re-evaluation of financial need. This re-evaluation is performed using financial data corresponding to either the 2020 calendar year or the 2022-2023 academic years. We **cannot** decrease your income due to **market losses** or **credit payments** due to **consumer debt**. Any changes to financial aid awards will be contingent on the type of funds available and eligibility policies and regulations. Processing timeframe may vary depending on the time of the year and volume of requests our office receives.

☐ **SUPPORTING DOCUMENTATION IS REQUIRED.** Attach copies of receipts/statements for expenses and all supporting documentation. **Include your name and student identification number on each page of all documents.**

Section 1 – Required | Student Spousal Information

☐ I am NOT married
☐ I am married (complete information below)

Spouse's Full Name: _____

☐ Spouse is a Student UA Student ID (if Applicable): _____
☐ Spouse is NOT a Student

Section 2 – Required | Statement of Circumstance *(Briefly explain the reason(s) for the reduction of your resources)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Section 3	Verification of Unusual & Necessary Expenses
Circumstances	**Expense Amount**
☐ **Medical treatment:** provide a copy of the statement(s) from the insurance provider, pharmacy or medical facilities, stipulating the amount of the medical expenses **paid** that were **not covered by insurance or deducted on your 2020 tax return**. A copy of your 2020 Schedule A may be requested.	**$ /mo**
☐ **Private education tuition (K-12):** provide a copy of your tuition statement that includes total tuition cost as well as any financial assistance received.	**$ /mo**
☐ **Tax liens:** provide statement from the Internal Revenue Service and/or State Tax Board indicating monthly payment amount on back taxes owed.	**$ /mo**
☐ **Court ordered payments:** provide a copy of receipt of payments.	**$ /mo**
☐ **Other, please describe:** _____	**$ /mo**

Section 4	Verification of Income Reduction
Circumstances	
☐ **Unemployment:** provide a copy of your employment separation letter, including verification of severance pay or retirement benefits (or the lack thereof), or a copy of a letter or statement establishing the amount of your eligibility for unemployment benefits.	
☐ **Disability or Injury:** provide copies of statement(s) reflecting your eligibility for benefits, monthly amount received and start and end dates of payments.	**$ /mo**
☐ **Loss of Other Income:** provide a copy of your termination notice of other income (e.g., social security benefits, trust payments, alimony, child support).	**$**
☐ **Report of One Time Income:** provide a copy of your 2020 1099-R or other financial statement of one time income (e.g., early IRA distribution, conversions and rollovers).	**$**
Divorce, Separation or Death of Spouse: provide the date of the event, and copies of supporting documentation or certificates.	

	Income reported on 2022-2023 FAFSA	Current Financial Situation
Income earned from work by **student**:	**$**	**$**
Income earned from work by **spouse**:	**$**	**$**
Other taxable income and benefits: Examples include: interest/dividend income, rental income, unemployment, alimony, taxable portion of social security or retirement, etc. Attach an itemized list to include the source and amount if the total contains more than one type.	**$**	**$**
Non-taxable income and benefits: Examples include: untaxed portion of social security or retirement income, child support, welfare benefits (not food stamps), worker's compensation, and other income not reported on this form. Attach an itemized list to include the source and amount if the total contains more than one type.	**$**	**$**

Section 5 - Required	Student Certification
I certify that the above is based on the best information available at this time. **I understand that additional documentation may be required to clarify my/our circumstances.**	
Student Signature	**Date**