



Name: _____ UMID: _____

All supporting documentation requested must be submitted to process the request for re-evaluation.

Reason for Income Decrease		
Loss of Employment (must be out of work for at least 10 weeks)	Effective Date / /	<ul style="list-style-type: none"> Provide documentation of severance/ termination (if applicable) Signed 2019 tax return, or tax return transcript.
Loss of Other Income or Benefit	Effective Date / /	<ul style="list-style-type: none"> Provide 2nd party documentation for the termination of benefits (loss of child support, alimony, retirement, disability, unemployment, etc.) Signed 2019 Tax Return, or Tax Return Transcript.
Excessive Medical/Dental Expenses Paid After Taxes Were Filed	\$	<ul style="list-style-type: none"> Signed 2019 Tax Return, or Tax Return Transcript showing the medical expenses.
Divorce	Effective Date / /	<ul style="list-style-type: none"> Provide a copy of divorce decree papers and evidence of separate living accommodations, utility bill, and lease. W-2(s) for 2018
Death of Parent/Spouse	Date of Death / /	<ul style="list-style-type: none"> Provide copy of the death certificate and information on any life insurance policy payout of survivor benefits if applicable. Signed 2019 tax return, or tax return transcript W-2(s) for 2019
Change in Student's Marital Status	Effective Date / /	<ul style="list-style-type: none"> Copy of marriage license Spouse's signed 2018 Tax Return Transcript

Required Documents

- A letter detailing the date and circumstances of your (parent(s), and/or spouse's) change of income.
- If you and/or your family has low income, please provide a Living Expense Worksheet detailing how basic living expenses are met. This form can be found at: <http://www.umflint.edu/finaid/get-form>

