

Kodiak Corner/Student Financial Services

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## 2026-2027 Appeal for Income Reevaluation Due to Special Circumstances

Requests can be submitted to the Student Financial Services office, **In-Person ONLY**, once your financial aid file is complete for 2026-2026

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Student ID#: \_\_\_\_\_

The 2026-2027 financial aid awards are based on 2023 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 2026 calendar year or the 2026-2027 academic year. We cannot decrease your income due to market losses or credit payments due to consumer debt. Recalculations are usually reserved for students and their families that have experienced involuntary reductions in income. If you feel that a recalculation will benefit you, please provide us with the required documentation. **Partially filled out forms, or incomplete documentation will result in a delay or denial of your request.**

In accordance with federal regulations, all appeal decisions are at the discretion of the Student Financial Services office and are final. Any changes to financial aid awards will be contingent on the type of funds available. Allow up to 4-6 weeks for processing. This timeframe may vary depending on the time of the year and volume of requests our office receives.

**SUPPORTING DOCUMENTATION IS REQUIRED.**

Section 1:	Who had a reduction of income?
<input type="checkbox"/> Student	<input type="checkbox"/> Parent 1 (father/mother/stepparent)
<input type="checkbox"/> Student's Spouse	<input type="checkbox"/> Parent 2 (father/mother/stepparent)

Section 2:	Why was the income reduced?
<input type="checkbox"/> Unemployment, reduced employment, or job change	<input type="checkbox"/> Child Support ended or was reduced
<input type="checkbox"/> Disability (Date of disability: _____)	<input type="checkbox"/> Alimony ended or was reduced
<input type="checkbox"/> Social Security benefits ended or were reduced	<input type="checkbox"/> Separation or divorce
<input type="checkbox"/> Unemployment benefits ended or were reduced	<input type="checkbox"/> Death of spouse/Death of parent(s)
<input type="checkbox"/> Received one-time only income (for example: IRA or pension withdrawals, inheritance, insurance settlement, moving allowance, etc.)	<input type="checkbox"/> Payment for college tuition - Not own
	<input type="checkbox"/> Other ( _____ )

Section 3:	Required Documents
<ol style="list-style-type: none"> <li>1. <b>Letter of explanation.</b> In your words, explain in detail the reason(s) for the reduction in income. Be specific, use names, dates and dollar amounts whenever possible. Please note: Recalculations are usually reserved for students and their families that have experienced involuntary reductions in income.</li> <li>2. <b>Proof of situation.</b> Submit documentation to verify your situation. Examples include, but are not limited to: the most recent pay stubs for yearly income, verification of untaxed income, unemployment benefits termination notice, retirement or layoff notice, written statement from employer regarding change or reduction in employment, physician's disability statement, legal separation agreement, divorce decree, court documents regarding termination of child support, social security benefit termination notice, death certificate, or obituary notice.</li> <li>3. Complete Section 4 of this form.</li> </ol>	

Section 4:	Income Information: (match to section 1)				SELECT ONE COLUMN ONLY	
	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	(do not leave any blanks)	
					Calendar Year	Academic Year
					January 1 – December 31, 2026	July 1, 2026 – June 30, 2027
<b>Income earned from work</b> (+ estimated income if applicable) – <u>Gross</u> wages, tips, etc.					\$ _____	\$ _____
<b>Unemployment Benefits</b>					\$ _____	\$ _____
<b>Other Taxable Income</b> – Examples include: interest, dividends, alimony, capital gains, rental income, taxable Social Security, etc.					\$ _____	\$ _____
<b>Child Support Received</b>					\$ _____	\$ _____
<b>Other Non-Taxable Income</b> – Examples include: workers compensation, disability, pensions, cash received or money paid on your behalf, etc.					\$ _____	\$ _____
<b>Severance Pay</b>					\$ _____	\$ _____

Section 5:	Student Certification
<p><b>I understand that: 1)</b> appeals for income reevaluation take up to 4-6 weeks to review and process; <b>2)</b> my appeal will not be processed if all required documentation is not provided; <b>3)</b> schools are not required to reevaluate financial aid eligibility based on a reduction of income including unemployment income received; <b>5)</b> I agree to report any increase in estimated income or resources; and <b>6)</b> if I purposefully provide false or misleading information in connection with my application for federal aid, I may be subject to a fine of up to \$20,000, imprisonment, or both.</p>	
<p><b>Student Signature:</b> _____ <b>Date:</b> _____</p>	
<p><b>Parent Signature:</b> _____ <b>Date:</b> _____ (if applicable)</p>	

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**For Office Use Only**

- Student's financial need has not increased. No data changes have been made, and the Financial Aid computer system reflects the most recent SAR data.
- Based on professional judgment, the student's financial need has increased. The Financial Aid computer system reflects changes to the income data, and the SAR has been submitted for reprocessing, if required.
- Original SAI: \_\_\_\_\_ Transaction #: \_\_\_\_\_ Revised SAI: \_\_\_\_\_

The following changes were made by professional judgment:

	Student/Spouse		Parents
Student income from work	\$ _____	Parent 1 income from work	\$ _____
Spouse income from work	\$ _____	Parent 2 income from work	\$ _____
AGI	\$ _____	AGI	\$ _____
Taxes paid	\$ _____	Taxes paid	\$ _____
Other _____	\$ _____	Other _____	\$ _____

**FA Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_