

Financial Aid

2025-26 Reconsideration Form for Parents of Dependent Students

| Student's Name | Student's Tulane ID | | |
|----------------|---------------------------------------|--|--|
| | (If Tulane ID unknown, student's SSN: | | |
| | | | |

Introduction: Use when seeking additional financial aid due to a significant change (defined as 15% or more) in the family's income and/or assets.

Parents of dependent students whose financial situation has changed from the filing time of the Free Application for Federal Student Aid (FAFSA) and the CSS Profile form may request review of the student's need for assistance. Significant changes, with accompanying loss of income (a significant loss of income is defined as a decrease of 15% or more from the prior calendar year), such as unemployment, death of a family member, change in marital status, and serious illness, can be considered with appropriate documentation.

Parents are **required** to attach supporting documents to this form that verify the accuracy of the information provided. Please make sure the student's name is noted on the top of each document. Some examples of acceptable documentation includes the following: check stubs, legal divorce or separation papers, death certificates, and eligibility for workmen's compensation. In addition, please note that **federal verification is required before any changes can be made to FAFSA information**, which means we would need to have on file an appropriate completed Verification Worksheet (available for download from our website), tax return information, and W-2 information, as well as any additional information requested.

Part I: Income

Please complete all items included in each category (if zero, write "0" - do not leave blank). The "Actual 2023 Income" column refers to items as reported on the 2025-2026 FAFSA and/or 2025-2026 CSS Profile. The "Actual 2024 Income" column refers to 2024 calendar year income (reflecting a change in your financial situation). The income information you provide must be an accurate representation of the data on your 2024 federal income tax return.

IMPORTANT: If completing this Part I: Income section, a signed completed copy of the parents' 2024 federal income tax return MUST either accompany this submission or be on file with the Tulane University Financial Aid Office. Any reconsideration request based on a 2024 income decrease without the proper 2024 federal tax documentation is incomplete and ineligible for review! Tulane recognizes that the filing deadline for a 2024 federal income tax returns is scheduled to be April 15, 2025, however since such completed tax returns are required when reviewing an income loss, we encourage the completion of 2024 federal tax returns as soon as possible so that copies are able to supplement this reconsideration request.

A. Taxed Income Information

| Type of Income | Actual 2023 Income | Actual 2024 Income |
|---|--------------------|--------------------|
| | | |
| Father's Wages and Salaries | | |
| Mother's Wages and Salaries | | |
| Interest & Dividend Income | | |
| Business Income | | |
| Capital Gain (or Loss) | | |
| Pensions, Annuities | | |
| Rents, Royalties, Estates, Trusts, Partnerships | | |
| Farm Income | | |
| Unemployment Benefits | | |
| Other Taxable Income (Itemize) | | |
| Total Taxable Income | | |

| Student's Name: | La | Last 4 Digits of Student's SSN: | | |
|--|--------------------------|---------------------------------|-----------------------|-------------|
| B. Untaxed Income Information | | | | |
| Untaxed Income | Actual 2023 Income | Ac | tual 2024 Income | |
| Child Support Received | | | | |
| Social Security | | | | |
| Veteran's Benefits | | | | |
| Disability Pay | | | | |
| Housing, food, and other living allowances | | | | |
| Untaxed Pensions | | | | |
| Cash Support or any money paid on your behalf | , | | | |
| Deferred Retirement Contribution | | | | |
| Earned Income Credit | | | | |
| Tax-Free Interest Income | | | | |
| Deferred Compensation | | | | |
| Cafeteria Plan Contributions | | | | |
| Non-taxed Capital Gain | | | | |
| Foreign Income Exclusion | | | | |
| Total Untaxed Income | | | | |
| C. Federal Tax Information | | | | _ |
| U.S. Federal Income Taxes | Actual 2023 Federal Inco | ome Taxes | Actual 2024 Federal I | ncome Taxes |
| U.S. Federal Income Taxes | | | | |
| D. Additional Income Information Please explain the circumstances that rest corresponding supporting documents. At | | | | e provide |
| | | | | |

| Student's Name: | | Last 4 I | Digits of Student's SSN | : p. 3 of 4 |
|--|-----------------------|------------------------|-------------------------|---------------------|
| Part II: Assets | | | | |
| Type of Asset | Reported Value | Reported Value | | |
| | | | | |
| | | | | |
| Additional Asset Inform | | | 1 | |
| If an asset value has chan | | | | |
| that resulted in the change | e and provide docume | entation of the curren | it value for each ite | em. |
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| D (III E) | Б Б14 | | | |
| Part III: Extraordinary Type of Debt/Expense | Date of | Amount of | Current Total | Amount to be Repaid |
| Incurred | Debt/Expense | Debt/Expense | Amount Owed | During 07/01/25- |
| | Incurred | Incurred | | 06/30/26 |
| | | | | |
| | | | | |
| | | | | L |
| Additional Extraordina | | | | |
| Non-discretionary expens | • | | 1 | ± |
| funeral costs, moving, cos | | | | |
| expenses. Explain the cir | cumstances that resul | ted in the expense of | r debt and attach su | ipporting documents |
| | | | | |
| | | | | |
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| Student's Name: | Last 4 Digits of Student's SSN: | p. 4 of 4 |
|---|--|--------------|
| Closing Comments and Signature | | |
| We will review your request for reconsideration special circumstances, if we determine that addi- funding to meet that need. Unfortunately, we can | tional need exists, we will try to offer adequat | e additional |
| If you completed Part I: Income of this form, returns MUST either accompany this submis | | l income tax |
| reconsideration is able to occur. | sion of be on the before any review of this | |
| If you complete other parts of this form, then ple provide be as reasonable an estimate as possible submission of additional documentation to supp | to assure accuracy. Tulane may request and | |
| Please sign below. | | |
| I read and understand the instructions and the co- changes in the family's financial situation, I will promptly. My signature below indicates that all correct and honestly presented. | l notify the Tulane University Financial Aid C | Office |
| Father's Signature: | Date: | |
| Mother's Signature: | Date: | |
| Father's Name: | | |
| Mother's Name: | | |
| Address: | | |
| Parent Phone Number: | Parent E-Mail: | |
| Student's Name | Last 4 digits of student's SSN # | |
| | Student ID (if known) | |
| Preference is to upload this form and necessary documents Mail to: Tulane University Financial Aid #1370, 6823 St. Cha | Or otherwise | _ |
| 12. 14.4.10 5 | | - |

Please remember to attach all appropriate documents with the student's name at the top of each document!