



Student Financial Aid
 University of Pennsylvania
 005 Franklin Building
 3451 Walnut Street
 Philadelphia, PA 19104-6270
<https://srfs.upenn.edu/>

Application For Reevaluation

2025-2026

Student Name _____ Date _____

Penn I.D. _____ Parent 1 Name _____

School _____ Grad. Date _____ Parent 2 Name _____

Email: _____ Email: _____

- ▶ Sections A and E of this form must be filled out in order to be considered a completed request.
- ▶ We will respond to your reevaluation request within 4-6 weeks.

Reevaluation of Financial Assistance

Penn's Undergraduate financial assistance program includes both traditional financial aid and Penn Payment Options. Penn Payment Options offer flexible payment and budget options to assist you with your family contribution. Families should consider both types of assistance in assessing their capacity to meet Penn's costs.

We want to be as responsive as possible to particular families' situations, within the limits of federal and University policies and available funding levels. We can consider requests for reevaluation of the expected family contribution when:

- A family has experienced a significant change in financial circumstances, such as unemployment and/or loss of income.
- A family has extenuating circumstances, which were not initially known or considered in the determination of your expected family contribution, such as out-of-pocket medical expenses or expenses stemming from a natural disaster.

Below are the most common reasons for reevaluation. Please choose the reason for this reevaluation request:

- | | |
|--|---|
| <input type="checkbox"/> Unemployment (complete section D) | <input type="checkbox"/> Death of parent (complete section G) |
| <input type="checkbox"/> Divorce/separation (complete section F) | <input type="checkbox"/> Out-of-pocket medical expenses (complete section B) |
| <input type="checkbox"/> Natural disaster (specify in Section C) | <input type="checkbox"/> Other financial circumstances (specify in Section C) |
| | <input type="checkbox"/> Application Error (on CSS Profile or FAFSA) |

A. Parent's Contribution (Required)*

Based on the financial information submitted on this application, please indicate the amount you expect to be able to contribute to your child's education for the 2025-2026 academic year. Consider this contribution to be derived from your current income, assets, and/or through Penn Payment Plan financing (<https://srfs.upenn.edu/billing-payment/penn-payment-plan>)

\$ _____ Parent's Signature _____

B. Special Circumstance Expenses

If applicable, please complete any of the items in this section. For any of the items detailed below, please provide supporting documentation to show these changes:

Parent (ONLY) Educational Debt

Debt & Reason Incurred	Date Incurred	Original Amount	Current Balance	Monthly Payment	Remaining Term	Creditor
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Medical Expenses (not covered by insurance)

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

Other Expenses

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

<u>Total Expenses</u>	\$	<input type="text"/>
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C. Additional Comments:

D. Unemployment Information

Employment Status:

1. Who was/is unemployed? Parent 1 Parent 2 Step-Parent 1 Step-Parent 2
2. Date of unemployment: _____
3. Date that reduced salary became effective: _____
4. What were your 2024 gross earnings prior to your unemployment? \$ _____
5. a. Current employment status: employed unemployed
- b. If presently employed, date of reemployment _____
and gross weekly salary: \$ _____
6. a. Is your spouse currently working? yes no
- b. If yes, what is your spouse's gross weekly salary? \$ _____

Severance Income:

1. What amount of separation pay did you receive? \$ _____
2. What dollar amount of accrued vacation and sick leave did you receive in addition to separation pay? \$ _____
3. Have you received, or will you receive, unemployment compensation?
 - No - Explain why: _____
 - Yes - For how many weeks in 2024? _____ in 2025? _____
What is the weekly amount? \$ _____
4. List the weekly amount of other benefits received or to be received
(Workmen's Compensation, etc.) \$ _____

E. Projected Income Worksheet 2025 (Required)*

This worksheet will help you project your estimated family income for 2024. It is designed for families who expect a significant reduction in income from 2023 due to unemployment, changes in employment, illness, retirement, or sabbaticals. Include with this worksheet any pertinent documentation.

List 2024 (tax year) and estimated 2024 income amounts for the following:

	2024 Income	Estimated 2025 Income
1. Total wages, salaries and tips (gross income) - Parent/Step-Parent 1 _____ →	1. \$ _____	\$ _____
2. Total wages, salaries and tips (gross income) - Parent/Step-Parent 2 _____ →	2. \$ _____	\$ _____
3. Interest income _____ →	3. \$ _____	\$ _____
4. Dividend income _____ →	4. \$ _____	\$ _____
5. Unemployment compensation _____ →	5. \$ _____	\$ _____
6. Net income from self-employment, farms, rents, partnerships, etc. _____ →	6. \$ _____	\$ _____
7. Other taxable income such as pensions, alimony, capital gains/losses, etc. _____ →	7. \$ _____	\$ _____
8. Social security benefits (include amounts received for dependent children, not including student) _____ →	8. \$ _____	\$ _____
9. Child support received _____ →	9. \$ _____	\$ _____
10. Other non-taxable income (such as disability, untaxed portion of pensions, IRA, 401(k) or 403(b) voluntary annuity contributions, VA benefits, welfare benefits, etc.) _____ →	10. \$ _____	\$ _____
11. Workmen's Compensation or other supplemental unemployment benefits _____ →	11. \$ _____	\$ _____
Total Income _____ →	\$ _____	\$ _____

F. Recent Divorce or Separation

If you complete this section, please also provide any/ all relevant supporting documentation (i.e. divorce decree).

1. Date of separation: _____

Date of Divorce: _____

2. Briefly describe the change in the household situation:

3. Which parent is the custodial parent? _____

4. How many people reside in the custodial parent's household?
(including student and the parent) _____

5. Name, address, and telephone number of non-custodial parent:

6. Occupation of non-custodial parent: _____

7. Property Settlement:

a. What is the custodial parent's share of the house, other properties, and assets?

b. What is the non-custodial parent's share of the house, other properties, and assets?

G. Death of a Parent/Guardian

If you complete this section, Student Financial Aid requests that you submit a copy of a death certificate in compliance with the Department of Education.

1. Name of surviving parent: (if applicable): _____

2. Complete the following using estimates when a firm amount has not yet been established. Report benefits of surviving spouse and all dependents.

Family Income Benefits

Total life insurance benefits \$ _____

Monthly Social Security _____

Monthly Veterans Adm. benefits _____

Monthly Pension _____

Expenses

Funeral \$ _____

Medical
(Not reimbursed by insurance) _____

Legal Fees _____

Other **(Please specify)** _____

3. Will the mortgage be paid off with mortgage or life insurance? Yes No

4. Has there been any change in the family's assets since your financial aid application was filed? If so, please specify, including dollar amounts:

5. Is the estate in probate? Yes No

Student Signature _____ Date _____