



Office of Financial Aid

800 W Campbell Rd ROC22 Richardson, TX 75080

972-883-2941 ph | 972-883-6803 fax

financial-aid@utdallas.edu

2018-2019 Special Circumstance Request

Student Information

Name (Last, First, Middle Initial)

UTD ID

Purpose

Sometimes the income information provided on the FAFSA or TASFA may not be an accurate representation of your family's financial situation. When your family's financial situation has changed as the result of special circumstances, the UT Dallas Office of Financial Aid welcomes the opportunity to review your request that we reconsider your financial aid award. The following circumstances are ones we may consider as part of a special circumstance request: the loss of employment or benefits, the loss of income due to death or divorce, the inflation of income due to a one-time financial event, or extraordinary medical expenses.

If appropriate, we will make adjustments to your FAFSA, TASFA, or your calculated cost of attendance. We are limited to making adjustments only where special circumstances exist and when we have adequate documentation to support our decision.

Instructions and Supporting Documentation

Check the box below to indicate the circumstance(s) you would like us to consider. Along with this cover sheet, please submit a letter explaining the circumstance(s) you would like us to consider, as well as the supporting documentation that is listed under each situation you select. Our office must have received your 2018-2019 FAFSA or TASFA before we can review your request.

Loss of Employment

(e.g. loss of a job or reduction in hours/wages)

- Letter explaining the situation you would like us to consider
- Last check stub(s) from previous employer(s) or explanation of benefits letter from a state unemployment agency
- Letter from previous employer(s) confirming date of termination
- An estimate of 2018 income from all sources, including unemployment insurance and severance OR a copy of the IRS 2017 Tax Return Transcript (if 2017 income is expected to be similar to 2018 income)

Loss of Benefits

(e.g. loss/reduction of child support, taxable Social Security, military benefits, etc.)

- Letter explaining the situation you would like us to consider
- Last check stub(s) or printout of the benefit(s) received
- Letter from agency verifying date(s) and amount(s) of benefits lost; for child support, a copy of the divorce decree/court order



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UTD ID: _____ STUDENT'S NAME: _____

Deduction of One-Time Payment

(e.g. pension/annuity/IRA distribution, gambling winnings, settlement, etc.)

- Letter explaining the situation you would like us to consider
- Receipt(s) and/or statements showing amount of one-time payment and where one-time payment was spent
- Copy of bank account statements
- Estimate of 2018 income OR a copy of the IRS 2017 Tax Return Transcript (if 2017 income is expected to be similar to 2018 income)

Death of a Spouse or Parent after the FAFSA was filed

- Letter explaining the situation you would like us to consider
- Copy of death certificate
- Estimate of 2018 income for surviving spouse OR a copy of the IRS 2017 Tax Return Transcript (if 2017 income is expected to be similar to 2018 income)

Separation or Divorce after the FAFSA was filed

- Letter indicating the situation you would like us to consider
- Court documentation verifying legal separation or divorce
- Estimate of 2018 income for custodial parent/independent student OR a copy of the custodial parent's/student's IRS 2017 Tax Return Transcripts (if 2017 income is expected to be similar to 2018 income)

Extraordinary Medical Expenses NOT covered by insurance

*Note that we cannot consider **unpaid** medical expenses/bills as part of a request for this category.*

- Letter indicating the situation you would like us to consider
- Copy of medical bills and receipts/proof of payment

Please note that additional documentation may be required upon review of your request. If additional documentation is needed, we will notify you by sending an email to your UT Dallas email address.

Signature and Certification

Each person signing this form certifies that the request submitted is true and correct and that they will promptly report to the Office of Financial Aid any changes to the information provided in the request.

Student Signature _____ Date _____

Parent/Spouse Signature _____ Date _____

Please submit your request and supporting documentation to the Office of Financial Aid by:

Email: financial-aid@utdallas.edu or **Fax:** 972-883-6803 or **In-person drop-off:** Student Services Building, first floor