



## 2017-2018 REVIEW OF SPECIAL CIRCUMSTANCES REQUEST FORM

Sometimes families experience special circumstances which merit recalculating their financial aid eligibility based on their projected annual 2017 income rather than the federally required 2015 income. You may use this supplemental form to request a review of extenuating circumstances not represented on your Free Application for Federal Student Aid (FAFSA). **Failure to provide the required documentation will result in a request for additional information and possibly the denial of your request.** Students selected for Verification must complete the verification process prior to this review and may be asked for additional documentation depending on your individual situation. Please keep in mind that the review process may take 1-2 weeks to complete. You may submit this request with any supporting documentation to the address listed above. The decision will be e-mailed to the student.

### Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Maverick ID Number
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You **MUST** complete the following steps:

- ❶ **Write a detailed letter** explaining your special circumstance and submit it with this form.
- ❷ **Place a check mark beside any situation** that may apply as listed below.
- ❸ **Submit the required documentation** listed for each item you checked. Write your name and Maverick ID number on the top of every page submitted.

### Section B – Indicate Reason(s) for Change in Financial Situation

- Separation or Divorce**  Student  Parent  
 (Student/parent was married when the 17/18 FAFSA was filed, but has now separated or divorce)
- Date of separation or divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Copy of the temporary separation order or divorce decree from the court
  - Documentation such as lease, mortgage, etc. which shows two separate households
  - Estimate of 2017 income for custodial parent; for independent students, the student's income
- Death of a Spouse or Parent** (after the 17/18 FAFSA was filed)  Parent  Spouse
- Copy of death certificate
- Loss of Employment/Income**  Student  Parent  Spouse
- Letter from employer documenting the last date of employment
  - Documentation of year-to-date earnings
  - Documentation of unemployment benefits
  - Actual disability benefits received or to be received
  - Copy of current paycheck stubs
- Rollover of an IRA or Pension**  Student  Parent  Spouse
- 2015 Tax Return Transcript
  - Supporting documentation from the bank, brokerage firm, etc. detailing the funds were a rollover
- Extenuating Medical and/or Dental Expenses**  
 (Expenses that were **NOT** covered by health/dental insurance)
- Receipts of medical or dental expenses incurred during your period of enrollment

**Section C – Household Information**

Complete the following, listing all individuals who will remain in the household for the 2017-2018 school year.				
Full Name of Household Member	Age	Relationship To Student	College (excluding parents)	Enrolled At Least Half-Time
1.		Self	University of Texas at Arlington	<u>YES</u>
2.				YES / NO
3.				YES / NO
4.				YES / NO
5.				YES / NO
6.				YES / NO
7.				YES / NO

**Section D – Anticipated Income for 2017**

Anticipated Income for the 2017 Calendar Year (January 1, 2017 – December 31, 2017)				
<ul style="list-style-type: none"> <li>▪ DO NOT leave any lines blank</li> <li>▪ If an amount is zero, indicate with a \$0</li> </ul>				
Taxable Income From Wages	Parent # 1	Parent # 2	Student	Student's spouse
Document gross wages earned through today's date _____	\$	\$	\$	\$
Estimate anticipated wages from today's date through Dec. 31, 2017	\$	\$	\$	\$
Other Taxable Income	Parent # 1	Parent # 2	Student	Student's spouse
Unemployment income to date and anticipated in 2017	\$	\$	\$	\$
Severance, paid time off or vacation payout (if not included in gross wages)	\$	\$	\$	\$
Taxable pension	\$	\$	\$	\$
Taxable income from 401K disbursements or other existing assets <i>Include year to date disbursements and anticipated disbursements</i>	\$	\$	\$	\$
Other taxable income ( <i>List the source</i> ) _____	\$	\$	\$	\$
Types of Untaxed Income	Parent # 1	Parent # 2	Student	Student's spouse
Housing allowance for military or clergy	\$	\$	\$	\$
Workers compensation <i>Provide copy of monthly statement</i>	\$	\$	\$	\$
Untaxed disability income <i>Provide copy of monthly statement</i>	\$	\$	\$	\$
Child support received for all members of your household	\$	\$	\$	\$
Untaxed pension <i>Provide copy of monthly statement</i>	\$	\$	\$	\$
Other untaxed income ( <i>List the source</i> ) _____	\$	\$	\$	\$

**Section E – Statement of Certification**

I/we certify that the information provided on this form and any attachments are true and correct. Additionally, it is understood that I/we must notify the Financial Aid Office if the situation outlined in this request changes. I also understand that intentionally making false statements or misrepresentations will mean that my request is cancelled and that my case may be referred to the Office of Student Conduct for review.

Student Signature

Date

Parent's Signature (if dependent)

Date

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

Updated 01/05/17

**2017-2018**