



University of Texas at Arlington (UTA)

Office of Financial Aid

2019-2020

Special Circumstance Form (SCF)

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PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

A Special Circumstance Form (SCF) may be submitted if the information reported on your 2019-2020 FAFSA is no longer an accurate reflection of your current financial status due to an extenuating individual circumstance (e.g., divorce/separation, loss of earned/untaxed income, death of a spouse/parent, marriage, medical expenses, etc.). Submission of a request does not guarantee an adjustment will be made or that additional aid will be awarded. Aid adjustments are subject to program and funding restrictions.

Student's Name:	UTA ID:
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Required Steps to Request Consideration of a Special Circumstance

1. Submit the 2019-2020 Free Application for Federal Student Aid (FAFSA) via fafsa.ed.gov and include UTA's code - 003656.
2. Submit the required verification checklist items requested by the UTA Office of Financial Aid and posted to your MyMav "to-do" list. **Verification of your FAFSA results will be required prior to the review of the SCF request.**
3. Submit the 2019-2020 Special Circumstance Form (SCF) along with a typed on-page explanation of the special circumstance and the required supporting documentation indicated in the chart below to the UTA Office of Financial Aid. Include your name and UTA ID on the top of every page submitted. Additional information may be requested depending on your individual circumstance. Failure to submit the documentation may result in denial of your request.

Indicate the Nature of Your Special Circumstance

Special Circumstance	Person Affected	Effective Date	Required Supporting Documentation
<input type="checkbox"/> Separation <input type="checkbox"/> Divorce	<input type="checkbox"/> Student <input type="checkbox"/> Parent	___ / ___ / ___	<ul style="list-style-type: none"> • Divorce: court document/divorce decree • Separation: court document or documentation to substantiate two separate households (e.g., lease, mortgage, utility bills, etc.) • Estimate of 2019 income for student or custodial parent
<input type="checkbox"/> Marriage	<input type="checkbox"/> Student <input type="checkbox"/> Parent	___ / ___ / ___	<ul style="list-style-type: none"> • Copy of the marriage certificate
<input type="checkbox"/> Death	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___ / ___ / ___	<ul style="list-style-type: none"> • Copy of the death certificate or obituary
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___ / ___ / ___	<ul style="list-style-type: none"> • Letter from employer documenting last date of employment • Documentation of year-to-date earnings, unemployment, and/or disability benefits • Copy of current paycheck stubs
<input type="checkbox"/> Loss of Benefit	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___ / ___ / ___	<ul style="list-style-type: none"> • Documentation of the termination of benefits • Documentation of any year-to-date benefits received
<input type="checkbox"/> One-Time Benefit	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___ / ___ / ___	<ul style="list-style-type: none"> • Documentation of the one-time benefit
<input type="checkbox"/> Extenuating Medical Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___ / ___ / ___	<ul style="list-style-type: none"> • Receipts/documentation of medical expenses incurred and not covered by insurance during the period of enrollment
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___ / ___ / ___	<ul style="list-style-type: none"> • Documentation of the "other" special circumstance

Complete the Following Concerning Anticipated Income for Calendar Year 2019

2019 Taxable Income From Wages	Parent #1	Parent #2	Student	Spouse
2019 wages earned through today's date ____ / ____ / ____	\$	\$	\$	\$
Anticipated 2019 wages from today's date ____ / ____ / ____ through Dec. 31, 2019	\$	\$	\$	\$
Other 2019 Taxable Income	Parent #1	Parent #2	Student	Spouse
Unemployment income to date and anticipated for 2019	\$	\$	\$	\$
Severance, paid time off, or vacation payout (if not included in gross wages)	\$	\$	\$	\$
Taxable pension – received and anticipated in 2019	\$	\$	\$	\$
Taxable income from 401K disbursements or other assets – include all received and anticipated 2019 disbursements.	\$	\$	\$	\$
Other 2019 taxable income source: _____	\$	\$	\$	\$
2019 Untaxed Income	Parent #1	Parent #2	Student	Spouse
Housing allowance for the military or clergy in 2019	\$	\$	\$	\$
Worker's comp in 2019 – provide copy of monthly statement	\$	\$	\$	\$
Untaxed disability income in 2019 – provide copy of monthly statement	\$	\$	\$	\$
Child support received for all members of the household	\$	\$	\$	\$
Untaxed pension – provide copy of monthly statement	\$	\$	\$	\$
Other 2019 untaxed income source: _____	\$	\$	\$	\$

Certification and Signature(s)

The student, and one parent whose information was reported on the FAFSA (if student is dependent), must sign and date below. Each person signing below certifies that all of the information reported on this form or submitted separately is complete and accurate and that the signatures are hand-written and not forged (electronic signatures are unacceptable). Each person signing below also understands that there is no guarantee that an adjustment will be made or that additional aid will be awarded if an adjustment is made as a result of this information.

_____ **Student's Signature (Required)** _____ **Date** _____ **Parent's Signature (Required if Dependent)** _____ **Date**

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.