

If you need assistance completing this form, please contact us at 817-272-3561.



University of Texas at Arlington

Office of Financial Aid

Office Use Only

2021-2022 Special Circumstance Form (SCF)

Office: Univ Admin Bldg, Room 252 **Phone:** 817-272-3561 **Fax:** 817-272-3555
Mail: PO Box 19199, Arlington, TX 76019 **Email:** fao@uta.edu
PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

This form may be submitted for consideration if the information on your 2021-2022 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 or untaxed income, death of a spouse/parent, marriage, medical expenses, etc.). Submission of this form does NOT guarantee an adjustment to your information 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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- Step 1:** If you haven't already done so, complete and submit the 2021-2022 FAFSA via fafsa.gov and include UTA's code - 003656.
- Step 2:** Submit the required verification checklist items that are posted or will be posted to your MyMav "to-do" list. Verification of your FAFSA results will be required prior to the review of this request.
- Step 3:** Complete and submit the following 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.
- Sections I, II, and III of this form;
 - Attach a typed, signed and dated one-page explanation of your extenuating individual circumstance; and
 - Attach the required supporting documentation indicated in Section I of this form pertaining to your circumstance.

I. Indicate the 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 2021 income
<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 • Copy of 2019 W-2's and signed 1040
<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 three most recent paycheck stubs
<input type="checkbox"/> Loss of Benefits	<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 paid out of pocket 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

II. Complete the Income Information Below

*****Include Actual and Anticipated Income for the Entire 2021 Calendar Year*****

2021 Earned Income	Parent #1	Parent #2	Student	Spouse
Estimated gross annual income from wages, tips, commission, etc.	\$	\$	\$	\$
2021 Other Taxable Income	Parent #1	Parent #2	Student	Spouse
Unemployment income	\$	\$	\$	\$
Severance, paid time off, and/or vacation payout income if not included in gross wages above	\$	\$	\$	\$
Taxable pension income	\$	\$	\$	\$
Taxable income from 401K disbursements and/or other assets	\$	\$	\$	\$
Other taxable income source: _____	\$	\$	\$	\$
2021 Untaxed Income	Parent #1	Parent #2	Student	Spouse
Housing allowance for the military or clergy	\$	\$	\$	\$
Workers' compensation – provide copy of monthly statement	\$	\$	\$	\$
Untaxed disability income – provide copy of monthly statement	\$	\$	\$	\$
Child support for all members of the household	\$	\$	\$	\$
Untaxed pension – provide copy of monthly statement	\$	\$	\$	\$
Other untaxed income source: _____	\$	\$	\$	\$

III. Read and Sign Below

Certification and Signature(s)			
<p>The student and one parent whose information was reported on the FAFSA must sign and date below. Each person signing below certifies that all of the information reported on this form is complete and accurate. Signatures must be hand-written and not forged. Typed names or digitally configured signatures in lieu of hand-written signatures will not be accepted. Each person signing below 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.</p>			
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.			