



Please return this form to:
 University of North Texas
 Student Financial Aid and Scholarships
 1155 Union Circle #311370
 Denton, TX 76203-5017
 Fax: (940) 565-2738

2009-2010 Request for Review of Special Circumstances for Dependent Students

SECTION A: STUDENT INFORMATION

Name:		UNT Assigned ID:
Telephone (include area code):	Email:	Social Security Number:

The method to determine a student's financial need for the 2009-2010 academic year is based upon the applicant's 2008 income and assets. For dependent students, as determined by the Free Application for Federal Student Aid (FAFSA), both student and parent income and assets are used. If there has been a major change in your situation since filing the FAFSA or Renewal Application, or you have special circumstances that were not taken into consideration on the FAFSA, you (the student and parents) should use this form in order to have your financial aid file reviewed.

Please check the boxes that apply to you, attach the indicated information/documentation and complete all required sections, including the personal statement. Return this form with the appropriate documentation to our office. If you have any questions regarding the criteria, please contact our office at (940) 565-2302. **If information or documentation is missing, the form will NOT be processed and will be returned to you.** Please allow 6 weeks for our response to reach you.

Please note that if the review of this special circumstances form does not yield at least a \$300 difference in the Expected Family Contribution (EFC) as determined by your FAFSA, no further processing by our office will be necessary. Please be aware that even if a special circumstance is approved and financial need has been established, grant funding may already be exhausted.

If your special circumstances pertain to conditions related to income, identify situation in SECTION E.
 If your special circumstances pertain to extraordinary expenses, identify situation in SECTION F.

If your situation is related to a loss of income and extraordinary expenses, you may complete both Section E and F, but be advised that our office may be able to revise your financial aid for only one issue. In this case, we will determine which circumstance will be more beneficial in reducing your EFC and revise aid accordingly.

SECTION B: CERTIFICATION

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information on this special circumstances form, I may be fined \$10,000, sent to prison, or both. Furthermore, I understand that providing false or misleading information or forged signatures may result in the cancellation or repayment of all or part of my financial aid.

Student Signature	Date		
<u>X</u>	_____		
Mother/Step-Mother Signature	Date	Father/Step-Father Signature	Date
<u>X</u>	_____	<u>X</u>	_____

SECTION E: CONDITIONS RELATED TO INCOME

Please check the boxes that apply to you **AND** attach the indicated information/documentation.

- A. My student/parent income for 2008 includes an income that is typically only received once. Thus, my 2008 income is not reflective of the income I expect to receive in 2009. [Examples of a one-time income are: capital gains from sales of assets, prize winnings and pension payoff].
- Documentation required:** Attach an official document identifying source of income, as well as a separate sheet identifying how the funds were spent.
- B. I submitted my FAFSA and, afterwards, my parent(s) died.
- Documentation required:** Attach a copy of the death certificate or notice.
- C. My student/parent income in 2008 does not represent my expected 2009 income due to health problems in 2009 that have prevented or reduced my ability to work.
- Documentation required:** Attach documentation from doctor verifying inability or reduction of ability to work. Pay information may be required.
- D. My student/parent 2008 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2009 due to a loss of job resulting in unemployment for at least 10 **consecutive** weeks in 2009. Employment must have been for at least 30 weeks in 2008.
- Documentation required:** Attach a letter from the former employer. Hire and termination dates must be included.
- E. All or a portion of my Expected Family Contribution (EFC) from 2008 income was derived from a non-taxable income (SSB, ADC, AFDC, child support received, etc.) which has been substantially reduced or eliminated for the 2009 year. [The untaxed income or benefit must have been from a public or private agency, from a company, or from a person because of a court order. Do NOT include loss of veteran's educational benefits].
- Documentation required:** Attach a statement from the appropriate agency, stating the last date the benefit was paid. In cases of loss of child support, attach a copy of the divorce decree indicating the date the child support ceased or was reduced.
- F. My 2008 income will not be reflective of the income that I expect to receive in 2009 due to the fact that my hours have been reduced or terminated in order for me to attend college. [This does not include summer employment. You must have been employed at least 30 weeks in 2008].
- Documentation required:** Attach a letter from the former employer. Hire and termination dates must be included. Pay information may be required.
- G. My parents, whose information was used on the FAFSA, have divorced or separated.
- Documentation required:** Attach a copy of the divorce decree, stating the date of divorce, or a verifiable letter from your attorney, counselor, clergyman, doctor, or other professional, stating the date of separation.

SECTION F: CONDITIONS RELATED TO EXTRAORDINARY EXPENSES

Please check the boxes that apply to you **AND** attach the indicated information/documentation.

- H. I and/or my parents made payments on a Title IV educational loan in the CALENDAR YEAR 2008.
- Documentation required:** Attach a statement from your lender showing payments that were made.
- I. My parents paid elementary or secondary school tuition in the CALENDAR YEAR 2008.
- Documentation required:** Attach a statement from the school, receipts, or copies of cancelled checks showing the DATE and AMOUNT paid in the calendar year 2008 for TUITION ONLY. Book rental, uniforms, club fees, deposits, etc. will not be used.
- J. I and/or my parents incurred non-reimbursed medical, dental or nursing home expenses in 2008 that were not covered by insurance. **Note:** Only expenses paid up to 7.5% of your Adjusted Gross Income will be considered.
- Documentation required:** Attach a copy of Schedule A from the 1040 form, an itemized statement of billing from a doctor or copies of nursing home expenses. If a billing is used it must clearly show how much you **actually paid** in 2008.

SECTION G: STUDENT INCOME INFORMATION FOR THE YEAR 2009

For items A through G in Section E, complete the following questions about the student's **estimated** 2009 income. Your estimates need to be as accurate as possible or there will be an adverse effect on your future appeals for adjustments.

DO NOT indicate weekly amounts in Column A or B. Provide a cumulative amount for each time period. If completing this form after 12/31/09, please provide actual yearly amounts (from 1/1/09 through 12/31/09) in Column A **only**. **DO NOT** include any income in Column B that is already accounted for in Column A. **DO NOT** leave any lines blank. If an amount is zero, indicate with a "\$0." **Failure to enter an amount on any required item will result in the form being returned to you for completion.**

	COLUMN A Gross Income received (1/1/09 – today)	COLUMN B Estimated Gross Income expected after today (today – 12/31/09)
Student's wages, salaries, tips	\$ _____	\$ _____
Interest or Dividend Income	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
IRA distributions, pensions and/or annuities	\$ _____	\$ _____
Alimony received	\$ _____	\$ _____
Business and/or farm income or loss	\$ _____	\$ _____
Rental real estate, royalties, partnerships, S corporations and trusts	\$ _____	\$ _____
Capital gains or losses	\$ _____	\$ _____
Social Security Income/Benefits Received – Taxed	\$ _____	\$ _____
Payments to tax-deferred pension and savings plans.	\$ _____	\$ _____
Deductible IRA and Keogh payments	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Tax exempt interest income	\$ _____	\$ _____
Untaxed portions of IRA distributions or pensions	\$ _____	\$ _____
Housing, food and other living allowances for military, clergy and others (including cash payments and cash value of benefits).	\$ _____	\$ _____
Veteran's Non-Educational Benefits, such as Death Pension, or Dependency & Indemnity Compensation (DIC).	\$ _____	\$ _____
Money received or paid on your behalf (e.g. bills)	\$ _____	\$ _____
Other untaxed income not reported such as worker's compensation, disability, etc. DO NOT include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$ _____	\$ _____
Child Support Paid	\$ _____	\$ _____
Earnings from Federal Work-Study or need-based employment (fellowships/assistantships)	\$ _____	\$ _____
Combat pay or special combat pay. Only enter the amount that was taxable and included in your Adjusted Gross Income.	\$ _____	\$ _____

SECTION H: PARENT INCOME INFORMATION FOR THE YEAR 2009

For items A through G in Section E, complete the following questions about the parent's **estimated** 2009 income. Estimates need to be as accurate as possible or there will be an adverse effect on your future appeals for adjustments.

DO NOT indicate weekly amounts in Column A or B. Provide a cumulative amount for each time period. If completing this form after 12/31/09, please provide actual yearly amounts (from 1/1/09 through 12/31/09) in Column A **only**. **DO NOT** include any income in Column B that is already accounted for in Column A. **DO NOT** leave any lines blank. If an amount is zero, indicate with a "\$0." **Failure to enter an amount on any required item will result in the form being returned to you for completion.**

	COLUMN A Gross Income received (1/1/09 – today)	COLUMN B Estimated Gross Income expected after today (today – 12/31/09)
Father's/Step-father's wages, salaries, tips	\$ _____	\$ _____
Mother's/Step-mother's wages, salaries, tips	\$ _____	\$ _____
Interest or Dividend Income	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
IRA distributions, pensions and/or annuities	\$ _____	\$ _____
Alimony received	\$ _____	\$ _____
Business and/or farm income or loss	\$ _____	\$ _____
Rental real estate, royalties, partnerships, S corporations and trusts	\$ _____	\$ _____
Capital gains or losses	\$ _____	\$ _____
Social Security Income/Benefits Received – Taxed	\$ _____	\$ _____
Payments to tax-deferred pension and savings plans.	\$ _____	\$ _____
Deductible IRA and Keogh payments	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Tax exempt interest income	\$ _____	\$ _____
Untaxed portions of IRA distributions or pensions	\$ _____	\$ _____
Housing, food and other living allowances for military, clergy and others (including cash payments and cash value of benefits).	\$ _____	\$ _____
Veteran's Non-Educational Benefits, such as Death Pension, or Dependency & Indemnity Compensation (DIC).	\$ _____	\$ _____
Money received or paid on your behalf (e.g. bills)	\$ _____	\$ _____
Other untaxed income not reported such as worker's compensation, disability, etc. DO NOT include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$ _____	\$ _____
Child Support Paid	\$ _____	\$ _____
Earnings from Federal Work-Study or need-based employment (fellowships/assistantships)	\$ _____	\$ _____
Combat pay or special combat pay. Only enter the amount that was taxable and included in your Adjusted Gross Income.	\$ _____	\$ _____