

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 **Independent Students**

Name:	HON	UNT Assign	ed ID:
Telephone (include area code):	Email:	Social Secur	rity Number:
The method to determine a student's fincome and assets. For independent s both student and, if applicable, spouse since filing the FAFSA or Renewal A on the FAFSA, you should use this fo	students, as determine income and asset application, or you	ined by the Free Application for Fe s are used. If there has been a major have special circumstances that we	ederal Student Aid (FAFSA), or change in your situation ere not taken into consideration
Please check the boxes that apply to y sections, including the personal staten have any questions regarding the crite documentation is missing, the form our response to reach you.	nent. Return this feria, please contact	form with the appropriate documen our office at (940) 565-2302. If in	tation to our office. If you nformation or
Please note that if the review of this Expected Family Contribution (EF) necessary. Please be aware that eve established, grant funding may alre	C) as determined en if a special circ	by your FAFSA, no further procumstance is approved and finance	cessing by our office will be
If your special circumstances pertain to If your special circumstances pertain to			
If your situation is related to a loss of be advised that our office may be able which circumstance will be more bend	e to revise your fina	ancial aid for only one issue. In the	is case, we will determine
SECTION B: CERTIFICATION			
I certify that the information contained give false or misleading information on Furthermore, providing false or mislead or part of my financial aid. (Spouse signature of the contained of the c	this special circum ling information or	stances form, I may be fined \$10,00 forged signatures may result in the c	0, sent to prison, or both. cancellation or repayment of all
Student Signature	Date	Spouse Signature	Date
X		X	

se provide a written stateme	nt in the space g	iven below explaining the char	nges in your financial situation.
TION D: HOUSEHOLD IN		ho will remain in the househol	d for the 2009-2010 school year.
Name	Age	Relationship to Student	Name and State of College
		Self (student)	University of North Texas, TEXA

5. 6. 7. 8.

SE	CI.	ION E: CONDITIONS RELATED TO INCOME
Plea	ase c	sheck the boxes that apply to you AND attach the indicated information/documentation.
	A.	My student/spouse 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 my spouse died after I had filed.
		Documentation required : Attach a copy of the death certificate or notice.
	C.	My student/spouse 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 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.	My spouse earned money in 2008 that was reported on my FAFSA, and has been unemployed for at least 10 weeks in 2009. [Your spouse 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.
	F.	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.
	G.	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.
	H.	I submitted my FAFSA and, since that time, my spouse and I have divorced or separated.
		Documentation required : Attach a copy of the divorce decree, stating the date of the divorce, or a verifiable letter from your attorney, counselor, clergyman, doctor, or other professional, stating the date of separation.
SE/	СТІ	ON F: CONDITIONS RELATED TO EXTRAORDINARY EXPENSES
		check the boxes that apply to you AND attach the indicated information/documentation.
		I/my spouse 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.
	J.	I/my spouse 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.
	K.	I/my spouse 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/SPOUSE INCOME INFORMATION FOR THE YEAR 2009

For items A through H in Section E, complete the following questions about you and, if applicable, your spouse's **estimated** 2009 income. [If you are single, divorced (and not remarried), separated or widowed, provide YOUR income information only]. 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 amount 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.

	Gross Income received	COLUMN B Estimated Gross Income expected after today (today – 12/31/09)
	(1/1/09 - today)	
Student's wages, salaries, tips	\$	\$
Spouse'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 payment 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.	s	
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 you Adjusted Gross Income.	r \$	-