

2017-2018 Request for Review of Special Circumstances for Independent Students

SECTION A: STUDENT INFORMATION

Name: _____ UNTD Assigned ID: _____ SSN (last 4 digits only): _____

The 2017-2018 Free Application for Federal Student Aid (FAFSA) you completed uses you and, if married, your spouses' 2015 income and assets to determine your financial need for this academic year.

If there has been a major change in your situation since filing the FAFSA, or you have special circumstances that were not taken into consideration on the FAFSA, you should use this form to have your financial aid file reviewed. Please be aware that even if a special circumstance is approved and financial need has been established, grant funding may already be exhausted. Contact our office at (972) 338-1799 if you have any questions while completing this form.

COMPLETING THIS FORM

- ✓ **Section A:** Complete the requested student information.
 - ✓ **Section B:** Sign and date the certification.
 - ✓ **Section C:** Provide a personal statement explaining your financial situation.
 - ✓ **Section D:** Update household information if different from FAFSA, only if needed.
 - ✓ **Section E:** Review this section **IF** your special circumstances relates to changes in income. Check the boxes that apply and attach the required documentation. **Proceed to Section G.**
 - ✓ **Section F:** Review this section **IF** your special circumstances relates to extraordinary expenses. Check the boxes that apply and attach the required documentation. **Do not complete Section G.**
- ***Note:** If your situation involves both a loss of income and extraordinary expenses, complete Section E and F. Our office will review both, and then select the section that may increase your financial need.
- ✓ **Section G:** Provide you and, if married, your spouses' estimated 2017 income.

SUBMITTING THIS FORM

- ✓ Ensure the form is complete and the required documentation is attached.
- ✓ Return the form and required documentation to our office.
- ✓ Allow 4-6 weeks for our office to review your form.

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 or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form for my financial aid to be processed. (Spouse signature is required except in cases of separation, divorce or death). **Electronic signatures are not accepted.**

Student Signature _____

Date _____

Spouse Signature _____

Date _____

X _____

X _____

Return this completed form with any required documentation to:

Student Financial Aid & Scholarships, University of North Texas at Dallas - 7300 University Hills Blvd. Dallas, TX 75241 or fax to (972) 338-1799 or save and attach as PDF and email to financialaid@untdallas.edu

SECTION D: HOUSEHOLD INFORMATION

Complete the following, listing all individuals who will remain in the household for the 2017-2018 school year.

Name	Age	Relationship to Student	Name and State of College
1.		Self (student)	University of North Texas at Dallas, TEXAS
2.			
3.			
4.			
5.			
6.			
7.			
8.			

SECTION E: CONDITIONS RELATED TO INCOME

Please check the boxes that apply to you **AND** attach the required documentation.

- A. My student/spouse income for 2015 includes an income that is typically only received once. Thus, my 2015 income is not reflective of the income I expect to receive in 2017. [Examples of a one-time income are: capital gains from sales of assets, prize winnings and pension payoff].
- Documentation required:** 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:** A copy of the death certificate or notice.
- C. My student/spouse income in 2015 does not represent my expected 2017 income due to health problems in 2017 that have prevented or reduced my ability to work.
- Documentation required:** Documentation from doctor verifying inability or reduction of ability to work. Pay information may be required.
- D. My 2015 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2017 due to a loss of job resulting in unemployment for at least 10 **consecutive** weeks in 2017. Employment must have been for at least 30 weeks in 2017.
- Documentation required:** A letter from the former employer. Hire and termination dates must be included.
- E. My spouse earned money in 2015 that was reported on my FAFSA, and has been unemployed for at least 10 weeks in 2017. [Your spouse must have been employed at least 30 weeks in 2017].
- Documentation required:** 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 2015 income was derived from a non-taxable income (SSB, ADC, AFDC, child support received, etc.) which has been substantially reduced or eliminated for the 2017 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:** 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 2015 income will not be reflective of the income that I expect to receive in 2017 due to the fact that my hours have been reduced or terminated. [This does not include summer employment. You must have been employed at least 30 weeks in 2017].
- Documentation required:** 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:** 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.

SECTION F: CONDITIONS RELATED TO EXTRAORDINARY EXPENSES

Please check the boxes that apply to you **AND** attach the required documentation.

- I. I/my spouse made payments on a Title IV educational loan in the CALENDAR YEAR 2016.

Documentation required: A statement from your lender showing payments that were made.

- J. I/my spouse paid elementary or secondary school tuition in the CALENDAR YEAR 2016.

Documentation required: A statement from the school or copies of cancelled checks showing the DATE and AMOUNT paid in the calendar year 2016 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 2016 that were **not covered by insurance**. **Note:** Only expenses paid up to 7.5% of your Adjusted Gross Income will be considered.

Documentation required: 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 2016.

SECTION G: STUDENT/SPOUSE INCOME INFORMATION FOR THE YEAR 2017

STUDENT/SPOUSE COMPLETING COLUMNS A & B

- ▶ If you selected one or more of Conditions A through H in Section E, provide your actual and estimated 2016 income amounts for each item listed below.
- ▶ Provide a total amount for each time period. **DO NOT** indicate weekly or monthly amounts.
- ▶ Your estimates need to be as accurate as possible to prevent an adverse effect on any future adjustments.
- ▶ If completing this form after 12/31/17, please provide actual yearly totals (from 1/1/17 through 12/31/17) 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."

	COLUMN A Gross Income received (1/1/17 – today)	COLUMN B Estimated Gross Income expected after today (today – 12/31/17)
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 . DO NOT include foster care or adoption payments.	\$ _____	\$ _____
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). DO NOT include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____	\$ _____
Veteran’s Non-Educational Benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____	\$ _____

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, on-base military housing or a military housing allowance, 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.	\$ _____	\$ _____