



OFFICE OF FINANCIAL AID & SCHOLARSHIPS

# 2019-2020 Request for Review of Special Circumstances for Dependent Students

## SECTION A: STUDENT INFORMATION

|       |                  |                           |
|-------|------------------|---------------------------|
| Name: | UNT Assigned ID: | SSN (last 4 digits only): |
|-------|------------------|---------------------------|

The 2019-20120 Free Application for Federal Student Aid (FAFSA) you completed uses you and your parent(s)' 2017 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 and your parent(s) 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) 780-3662 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. You and one parent are required to sign and date this form.
- ✓ 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 relate 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 relate to extraordinary expenses. Check the boxes that apply and attach the required documentation. **Do not complete Section G or H.**  
 \*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 your estimated 2019 income.
- ✓ Section H: Provide your parent(s) 2019 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. **Electronic signatures are not accepted.**

|                   |      |                  |      |
|-------------------|------|------------------|------|
| Student Signature | Date | Parent 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](mailto:financialaid@untdallas.edu)



**SECTION D: HOUSEHOLD INFORMATION**

Complete the following, listing all individuals who will remain in the household for the 2019-2020 school year.

| Name | Age | Relationship to Student | Name and State of College                     |
|------|-----|-------------------------|---|
| 1.   |     | Self (student)          | University of North Texas at Dallas,<br>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/parent income for 2017 includes an income that is typically only received once. Thus, my 2017 income is not reflective of the income I expect to receive in 2019. [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, afterwards, my parent(s) died. **If both parents are deceased, see our office about a Dependency Override.**
- Documentation required:** A copy of the death certificate or obituary for deceased parent **AND** a copy of your birth certificate to establish parental relationship. **IF** a joint return was filed, a copy of the 2017 tax return transcript and **ALL** of the surviving parent's W2s from 2017.
- C. My/my parent income in 2017 does not represent my expected 2019 income due to health problems in 2019 that have prevented or reduced my/my parent(s)' ability to work.
- Documentation required:** Documentation from doctor verifying inability or reduction of the ability to work. **Income information covering a month's time required from you and your parent(s).**
- D. My /parent 2017 income as reported on the FAFSA will not be reflective of the income that I/my parent(s) expect to receive in 2019 due to an **involuntary** loss of job resulting in unemployment for at least **10 consecutive** weeks in 2019. Employment must have been for at least 30 weeks between 2018-2019.
- Documentation required:** A letter from the former employer; **hire and termination dates must be included.** Unemployment benefits statement. **Pay information covering a month of income required from you and your parent(s).**
- E. All or a portion of my Expected Family Contribution (EFC) from 2017 income was derived from a non-taxable income (SSB, ADC, AFDC, child support received, etc.) which has been substantially reduced or eliminated for the 2019 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].
- 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.
- F. My 2017 income will not be reflective of the income that I expect to receive in 2019 due to the fact that my/my parent(s)' hours have been **involuntarily** reduced. [This does not include summer employment. You must have been employed at least 30 weeks in 2017-2018].
- Documentation required:** A letter from the employer; **hire dates must be included. Pay information covering a month of income required from you and your parent(s).**
- G. My parents, whose information was used on the FAFSA, have divorced or separated.
- Documentation required:** A copy of the divorce decree, stating the date of the divorce or a verifiable letter from the attorney. A copy of the 2017 tax return transcript and **ALL** of the custodial parent's W2s from 2017. **\*Note: If parents are separated complete the marital separation form and provide the required documentation.**

**SECTION F: CONDITIONS RELATED TO EXTRAORDINARY EXPENSES**

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

- H. I and/or my parents made payments on a Title IV educational loan in the **CALENDAR YEAR 2017**.

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

- I. My parents paid elementary or secondary school tuition in the **CALENDAR YEAR 2017**.

**Documentation required:** A statement from the school or copies of cancelled checks showing the **DATE** and **AMOUNT** paid in the calendar year 2017 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 2017 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 2017 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 2017.

**SECTION G: STUDENT INCOME INFORMATION FOR THE YEAR 2019**

**STUDENT COMPLETING COLUMNS A & B**

- ▶ If you selected one or more of Conditions A through G in Section E, provide your actual and estimated 2019 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 12/31/19, please provide actual yearly totals (from 01/01/19 through 12/31/19) in Column A **only**.
- ▶ **DO NOT** include any income in Column B that has already been accounted for in Column A.
- ▶ **DO NOT** leave any lines blank.
- ▶ *If an amount is zero, indicate with a "\$0."*

|   | COLUMN A<br>Gross Income<br>received<br><br>(1/1/19 – today) | COLUMN B<br>Estimated Gross<br>Income expected<br>after today<br><br>(today – 12/31/19) |
|---|--|---|
| 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 – <b>Taxed</b>   | \$ _____   | \$ _____  |
|   |  |   |
| Payments to tax-deferred pension and savings plans.   | \$ _____   | \$ _____  |
| Deductible IRA and Keogh 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). <b>DO NOT</b> 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.<br><b>DO NOT</b> 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. | \$ _____ | \$ _____ |
| <b>Child Support Paid</b>   | \$ _____ | \$ _____ |
| 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: PARENTAL INCOME INFORMATION FOR THE YEAR 2019

### PARENT(S) COMPLETING COLUMNS A & B

- ▶ If you selected one or more of Conditions A through G in Section E, provide your actual and estimated 2019 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 12/31/19, please provide actual yearly totals (from 01/01/19 through 12/31/19) in Column A **only**.
- ▶ **DO NOT** include any income in Column B that has already been accounted for in Column A.
- ▶ **DO NOT** leave any lines blank.
- ▶ **If an amount is zero, indicate with a "\$0."**

|   | COLUMN A<br>Gross Income<br>received<br><br>(1/1/19 – today) | COLUMN B<br>Estimated Gross<br>Income expected<br>after today<br><br>(today – 12/31/19) |
|---|--|---|
| Parent 1's (father/mother/stepparent) wages, salaries, tips   | \$ _____   | \$ _____  |
| Parent 2's (father/mother/stepparent) 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 – <b>Taxed</b>   | \$ _____   | \$ _____  |
| Payments to tax-deferred pension and savings plans.   | \$ _____   | \$ _____  |
| Deductible IRA and Keogh payments   | \$ _____   | \$ _____  |
| Child Support <b>Received</b> . <b>DO NOT</b> 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). <b>DO NOT</b> 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.  | \$ _____   | \$ _____  |

|  |                 |                 |
|--|-----------------|-----------------|
| <p>Other untaxed income not reported such as worker's compensation, disability, etc.<br/> <b>DO NOT</b> 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.</p> | <p>\$ _____</p> | <p>\$ _____</p> |
|  |                 |                 |
| <p>Child Support <b>Paid</b></p>   | <p>\$ _____</p> | <p>\$ _____</p> |
| <p>Earnings from Federal Work-Study or need-based employment (fellowships/assistantships)</p>  | <p>\$ _____</p> | <p>\$ _____</p> |
| <p>Combat pay or special combat pay. Only enter the amount that was taxable and included in your Adjusted Gross Income.</p>  | <p>\$ _____</p> | <p>\$ _____</p> |