



UHCL - Office of Student Financial Aid **2017-2018 Special Circumstance Application**

The process of determining your eligibility for federal student aid is basically the same as for other applicants. However, in some cases, your expected family contribution may be adjusted due to extenuating circumstances. Possible circumstances may include: unusual medical or dental expenses (out-of-pocket expenses exceeding 5% of adjusted gross income); tuition expenses for a brother or sister attending a private elementary or secondary institution; unemployment or reduction in work income. There must be good reason for the financial aid administrator to make an adjustment and adequate proof must be submitted to support any adjustments made.

Before considering a Special Circumstances application, your financial aid administrator must review the results from your Free Application for Federal Student Aid (FAFSA). Please submit the FAFSA, then, after the results are returned to you, submit this application. In addition, your file must undergo a process called verification. The Office of Student Financial Aid will complete the verification requirements using the documentation you supply for the Special Circumstance process.

Please provide all information requested by this form and any other documentation you feel supports your application. By providing all information at the start, a decision can be made in a timely manner. In some situations, your financial aid administrator may request further documentation and your application will be delayed until that information is provided. **Additional information will be requested via your UHCL email account.**

Required documents:

- Completed Special Circumstance Application (this form)
- The V1 Verification Worksheet. You can find this form online at www.uhcl.edu/finaid
- A copy of your 2015 Federal tax transcript and 2015 W-2's. (You may request your tax transcript online at www.irs.gov)
- Student's written explanation of extenuating circumstances.
- Copy of your 2016 Federal tax transcript and 2016 W-2's. (You may request your tax transcript online at www.irs.gov)

Additional documentation that may be requested:

- Copy of 2015 1099(s)
- Copy of 2016 1099(s)
- Copy of last or most recent pay stubs
- Copy of divorce decree or notarized letter of separation
- Copy of custody papers
- Copy of receipts and total amount of bills paid
- Verification of disability income or benefits
- Itemized and totaled statement of medical expenses not paid by insurance
- Letter of dismissal from ex-employer
- Proof of one-time income (if not on federal tax return)
- Verification of social security income or benefits
- Verification of unemployment benefits
- Verification of Veteran's benefits
- Verification of end-of-year income
- Schedule A of the 2015 federal tax return required for most medical expense related applications
- Schedule A of the 2016 federal tax return required for most medical expense related applications

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UHCL ID# _____

UHCL - Office of Student Financial Aid
2017-2018 Special Circumstance Application

Student Name: _____ UHCL ID# _____

Independent Students

1. Please check the reason your or your spouse's income received in 2015 does not accurately reflect the expected income for 2017-2018 academic year, and provide the additional information indicated.

- A. * **Loss of employment or change in employment status for student/spouse:** Send copy of last pay stub(s), letter of dismissal, letter of resignation, or reduction in salary notification, and copy of unemployment benefits statement from Texas Workforce Commission .
- B. * **Death of spouse:** submit a copy of the death certificate
- C. * **Divorce/separation:** submit copy of divorce decree or notarized letter of separation
- D. * **Loss or reduction of untaxed income/benefits:** (specify type _____)
- E. **One-time income** (i.e., inheritance, sale proceeds)
- F. **Medical/dental expenses** (out-of-pocket) which exceed 5% of adjusted gross income
- G. **Private elementary/secondary school expenses for 2017-2018:** send copy of tuition bill for each child

Dependent Students

1. Please check the reason your or your parent's income received in 2015 does not accurately reflect the expected income for the 2017-2018 academic year.

- H. * **Parents' loss of employment or change in employment status -** send copy of last pay stub(s), letter of dismissal, letter of resignation, or reduction in salary notification, and copy of unemployment benefits statement from Texas Workforce Commission.
- I. * **Death of parent -** send copy of the death certificate
- J. * **Parents' divorce/separation -** send copy of divorce decree or notarized letter of separation
- K. * **Parents' loss or reduction of untaxed income/benefits** (specify type _____)
- L. **One-time income** (i.e., inheritance, sale proceeds)
- M. **Medical/dental expenses** (out-of-pocket) which exceed 5% of adjusted gross income
- N. **Sibling(s) private elementary/secondary school expense -** send copy of tuition bill for each child

2. Complete the following for dates **Jan. 1 - Dec. 31, 2017** for any item above with an asterisk * (i.e., a*, b*, etc.)

INCOME**	Student	Spouse	Mother	Father
Year-to-date wages, salaries, tips (include severance pay, disability payments, etc.) Provide check stub(s).				
Estimated wages, salaries, and tips for the remainder of the year. (include severance pay, disability payments, etc.)				
Other taxable income (i.e., business, unemployment, worker's compensation)				
Untaxed Social Security benefits				
Temporary Assistance for Needy Families (TANF) or Transitional Employment Assistance (TEA)				
Child support received for all children				
Other <u>untaxed</u> income				
TOTAL INCOME				

**If you or your parents are divorced or separated, give only your information or the information of the custodial parent. If loss of income was due to the death of a spouse or parent, give only your information or the information of your surviving parent. If you do not have anything to report, please indicate with a "0".

3. If 1-e or 1-l is marked, identify the source of income and explain how the funds were spent or invested. If more space is necessary, please attach a separate sheet. **Provide documentation.** _____

4. If 1-f or 1-m is marked, what is the total amount paid that was not covered by insurance? _____
 How much do you pay **monthly** for your medical/dental insurance? _____
Submit Schedule A from your 1040 form or documentation of actual out-of-pocket expenses.

5. If 1-g or 1-n is marked, list the names of dependent children for whom elementary/secondary tuition was paid during 2017. (Spring 2017 and Fall 2017): _____

How much was the total expense? \$ _____ **Provide documentation of year 2017 tuition payments for each child.**

Application Certification:

I certify that all of the information on this form and any attached, supporting documents, is true, complete, and accurate to the best of my knowledge. I further understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of any financial aid received, and may subject me to a fine, imprisonment, or both, under provisions of the United States Criminal Code. I understand the decision of the financial aid administrator is final. There are no appeal options to a Special Circumstances decision. The financial aid administrator reserves the right to request additional documentation.

Student's Signature _____ Date _____

Spouse/Parent Signature _____ Date _____

**** You will be notified via UHCL email as to the outcome of your application. The process may take up to a month. ****

FOR OFFICE USE ONLY

FAA: _____ **Approved or Denied (Circle) Date:** _____