



Office of Financial Aid

800 W Campbell Rd ROC22 Richardson, TX 75080
972-883-2941 ph | 972-883-6803 fax
financial-aid@utdallas.edu

2020-2021 Special Circumstance Request

Once we have received all the requested supporting documentation, please allow our office up to 3 weeks to review your Special Circumstance Request.

Student Information
Name (Last, First, Middle Initial)
UTD ID
Purpose
The purpose of the Special Circumstance Request is to allow the UT Dallas Office of Financial Aid to take into consideration changes in your family's financial situation that have arisen since the FAFSA or TASFA was filed. Upon the submission of your request and the required supporting documentation, we will review your unique situation and, if possible, make adjustments to your FAFSA, TASFA, or Cost of Attendance in order to account for your special circumstances.
Instructions and Supporting Documents
<p>Check the box below to indicate the circumstance(s) you would like us to consider. Along with this cover sheet, please submit a letter explaining the circumstance(s) you would like us to consider, as well as the supporting documents listed under each situation you select. Our office must have received your 2020-2021 FAFSA or TASFA before we are able to review your request.</p> <p><i>Please note that additional documentation may be required upon review of your request. If additional documentation is needed, we will notify you by sending an email to your UT Dallas email address.</i></p> <p><input type="checkbox"/> Loss of Employment (e.g. loss of a job or reduction in hours/wages)</p> <ul style="list-style-type: none"> • Letter explaining the situation you would like us to consider • Last check stub(s) from previous employer(s) or explanation of benefits letter from a state unemployment agency • Letter from previous employer(s) confirming date(s) of termination • Estimate of 2020 income from all sources, including unemployment insurance and severance OR a copy of the IRS 2019 Tax Return Transcript or a signed copy of the 2019 tax return with all numbered schedules (only if 2019 income is expected to be similar to 2020 income) <p><input type="checkbox"/> Loss of Benefits (e.g. loss/reduction of child support, taxable Social Security, military benefits, etc.)</p> <ul style="list-style-type: none"> • Letter explaining the situation you would like us to consider • Last check stub(s) or printout of the benefit(s) received • Letter from agency verifying date(s) and amount(s) of benefits lost. For loss/reduction of child support, a copy of the divorce decree/court order



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UTD ID: _____ STUDENT'S NAME: _____

Deduction of One-Time Payment

(e.g. pension/annuity/IRA distribution, gambling winnings, settlement, etc.)

- Letter explaining the situation you would like us to consider
- Receipt(s) and/or statements showing amount of one-time payment and where one-time payment was spent
- Copy of bank account statements
- Estimate of 2020 income **OR** a copy of the IRS 2019 Tax Return Transcript or a signed copy of the 2019 tax return with all numbered schedules (**only** if 2019 income is expected to be similar to 2020 income)

Death of a Spouse or Parent after the FAFSA was filed

- Letter explaining the situation you would like us to consider
- Copy of death certificate
- Estimate of 2020 income for surviving spouse **OR** a copy of the IRS 2019 Tax Return Transcript or a signed copy of the 2019 tax return with all numbered schedules (**only** if 2019 income is expected to be similar to 2020 income)

Separation or Divorce after the FAFSA was filed

- Letter indicating the situation you would like us to consider
- Court documentation verifying legal separation or divorce
- Estimate of 2020 income for custodial parent/independent student **OR** a copy of the custodial parent's/student's IRS 2019 Tax Return Transcripts or a signed copy of the 2019 tax return with all numbered schedules (**only** if **2019** income is expected to be similar to 2020 income)

Extraordinary Medical Expenses NOT covered by insurance

*Note that we **cannot** consider unpaid medical expenses/bills as part of a request for this category.*

- Letter indicating the situation you would like us to consider
- Copy of medical bills and receipts/proof of payment

If you have experienced a change in financial situation due to a circumstance other than those listed above, please contact our office by emailing financial-aid@utdallas.edu or by calling 972-883-2941.

Signature and Certification

Each person signing this form certifies that the request submitted is true and correct and that they will promptly report to the Office of Financial Aid if there are any changes to the information provided in this request.

Student Signature _____ Date _____

Parent/Spouse Signature _____ Date _____

Please submit your request and supporting documentation to the Office of Financial Aid by:

Email: financial-aid@utdallas.edu **or Fax:** 972-883-6803 **or In-person drop-off:** Student Services Building, first floor