2015-2016
Special Circumstance Form

The 2015-2016 Special Circumstance form is for students who have exceptional circumstances which are not taken into account through the initial FAFSA process. Please complete this form indicating your circumstances and submit it to our office with the required documentation in order for us to evaluate your need for additional financial assistance. Special circumstances will only allow individual reevaluation of your eligibility for institutional student aid and will not change the results of your FAFSA. We recommend that you accept your initial award offer and plan to cover preliminary costs from your current aid package, employment, and/or family resources. If a reevaluation qualifies you for additional aid, your award will be adjusted. You will be notified through your cardinal Mail account of the determination.

Our first priority is to deliver aid to students based on their initial eligibility. Review of exceptional circumstances will take place after you complete a 2015-2016 FAFSA and after you receive an initial 2015-2016 award package from UIW. We will not review special circumstances before you have completed the application and award process.

Please note, in completing the review of your file for a special circumstance we may require you to complete the federal verification process. This process verifies that the initial information on your FAFSA is accurate. If selected, our office will notify you of the verification documents needed, which could include but are not limited to the 2015-2016 Verification Worksheet and 2014 income tax information for the student, spouse (if married) and parent (if dependent). If selected for the verification process, our policy is to verify the student’s account before awarding any additional aid due to the special circumstance. Once verification is complete the student will be notified of any changes within 3-5 days of submission through their Cardinal Mail account. For further information on the verification process please see the 2015-2016 Verification Checklist on our website under ‘Forms’. **Black Ink Only**

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Student ID or Social Security Number</th>
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<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone Number (include area code)</td>
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Ineligible Circumstances: The Office of Financial Assistance at University of the Incarnate Word will not consider or make adjustments to your award package for any of the following:

1. Parents refuse to help pay for college
2. Car payments or car insurance
3. Consumer debt (credit cards)
4. Mortgages and rent
5. Tuition paid for private elementary or secondary school
6. Medical insurance premiums
7. One year bonus incomes (lottery winnings, gambling winnings)
8. Reduction in overtime pay
9. Reduction in income due to change of employment (reduction in income during the current tax year will be represented on next year’s FAFSA).
10. Chapter 7 Bankruptcy or reductions in income from bankruptcy proceedings
11. Unusual expenses related to personal living (such as wedding expenses, loan payments, or legal expenses)
12. Home Equity, IRA, 403B, and 401K loans
Please check the appropriate section and provide the required documentation

**REDUCTION IN INCOME DUE TO DIVORCE OR DEATH OF SPOUSE OR PARENT:**
Required Documentation: Attach a detailed letter of explanation including the following:
- Date of divorce or death of spouse or parent (if occurred after submitting the FAFSA)
  - Please include Official Divorce Decree and all 2014 W2 forms
  - Please include copy of Official Death Certificate
- List current household members, relationship and age
- Monthly child support you will receive from January 1, 2015 – December 31, 2015
- List 2015 and 2014 business value and/or farm value and/or investment value
- List 2015 and 2014 business debt and/or farm debt and/or investment debt

**CHANGE IN HOUSEHOLD SIZE DUE TO PREGNANCY:**
Required Documentation: Attach a letter from your Obstetrician indicating the date and proof of pregnancy.
*(Our office will make the necessary updates to your 2015-2016 FAFSA)*.

**CHILD CARE EXPENSES:**
Required Documentation: Attach a letter from your childcare provider indicating the names and ages of the children in childcare as well as the monthly costs for each child on letterhead.

Please note, this is for daycare expenses only and does not apply to private elementary or secondary school tuition. This allows for an increase in your student budget to allow for additional loan eligibility only. It does not allow us to offer you any additional grant funding. The maximum increase in the student budget for childcare is $1,500 for one child, $2,000 for two children, $2,500 for three children and $3,000 for four or more children.

My child care expenses for the 2015-2016 academic year, while I attend school, are as follows:

<table>
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<tr>
<th>Child’s Name</th>
<th>Age</th>
<th>Amount Paid August 2015 - December 2015</th>
<th>Amount Paid January 2016 – May 2016</th>
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**UNUSUAL MEDICAL EXPENSES:**
Required Documentation: Attach the Following
- Copy of your 2014 Schedule A Form from the 2014 Tax Return. Expenses are considered unusual if they exceed 11% of the family’s income. **Expenses must appear on the 2014 Schedule A form to be considered special circumstance.**
- Detailed letter explaining what the medical expenses are for. (DO NOT include orthodontic expenses)

**ADDITIONAL EDUCATIONAL EXPENSES** *(Examples: laptop bought outside UIW, required software, costs associated with PhD dissertation, publications, etc.)*
Required Documentation: Attach the following
- A detailed letter explaining the additional educational expenses along with dated receipts.
- **Expenses must be incurred during the 2015-2016 academic year and exceed allowances in the current cost of attendance. The maximum increase in the student budget will be $1500 for the year.*
DISLOCATED WORKER:

Required Documentation: You must submit the following in order for us to verify your Dislocated Worker Status. Please note that not all people who are jobless are considered dislocated workers. The Financial Aid Processor will review the documents you submit to determine if you meet the definition of a dislocated worker.

Student Dislocated Worker Status: Submit the following
1. Detailed personal statement regarding circumstance for loss of employment.
2. Proof of unemployment benefits due to lay off or loss of job. (Unemployment Benefits Statement)
3. Proof from former employer indicating lay off or loss of job, must include last day of employment.
4. Proof that self-employment is terminated due to economic conditions or natural disaster. (Detailed written statement).
5. Proof of being a dislocated homemaker who is no longer supported by the husband or wife and is now having trouble finding or upgrading employment. (Detailed written statement, divorce decree, and/or proof of lay-off).

Parent or Spouse Dislocated Worker Status: Submit the following
1. Detailed personal statement regarding circumstance for loss of employment.
2. Proof of unemployment benefits due to lay off or loss of job. (Unemployment Benefits Statement)
3. Proof from former employer indicating lay off or loss of job, must include last day of employment.
4. Proof that self-employment is terminated due to economic conditions or natural disaster. (Detailed written Statement).
5. Proof of being a dislocated homemaker who is no longer supported by the husband or wife and is now having trouble finding or upgrading employment. (Detailed written statement, divorce decree, and/or proof of lay-off).

Please note that we will not complete a request for review of dislocated worker status without the required documentation. You will be contacted through your Cardinal Mail account if additional documentation is necessary in order to make a determination.

CERTIFICATION STATEMENT

I certify that the information I am submitting for review is true and correct to the best of my knowledge and belief. I have read each section and have provided the required documentation. I understand that underestimating projected income could result in reduced eligibility, repayment of aid, or both, in this year or next year. I understand that this evaluation will not change the outcome of my FAFSA results but only allow the UIW Office of Financial Assistance the opportunity to review my exceptional circumstance to see if I might be eligible for additional UIW grant funding (excluding childcare expenses and PHD expenses). I understand that submitting this form and documentation does not guarantee me additional grant funding. I certify the information on this appeal to be complete and accurate. If any of the information changes, I understand I must promptly notify the UIW Office of Financial Assistance and that I may be responsible for repayment of financial aid received if I fail to do so.

Student Signature: ____________________________ Date: _______________
(Required)

Parent Signature: ____________________________ Date: _______________
(Required for Dependent Students)