



2019-2020 Special Circumstances Form

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Revised 10/2018

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Black Ink Only

The Special Circumstances form is for students who have exceptional circumstances which are not taking 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 assistance. Review of special circumstances will take place after you complete a 2019-2020 FAFSA, including utilization of the IRS Data Retrieval Tool (DRT) by both the student and/or parent, and after you receive an initial 2019-2020 award.

Ineligible Circumstances

The Office of Financial Assistance will not consider or make adjustments to your award package for any of the following circumstances:

- Parents refuse to help pay for college
- Mortgage, rent, car and car insurance
- Consumer debt (credit cards, etc.)
- Tuition paid for private elementary/secondary school
- Medical insurance premiums
- Reduced bonus incomes or commissions, or lottery/gambling winnings
- Reduction in overtime pay, or hours worked
- Reduction in income due to voluntary change of employment, or decision to become unemployed full-time student
- Chapter 7 Bankruptcy or reductions in income from bankruptcy proceedings
- Unusual expenses related to personal living (such as wedding expenses, loan payments, or legal fees)
- Home equity, IRA, 403B, and 401K loans
- Initial taxable retirement funds, pensions, or distributions

Student Name

Student ID

Phone Number (include area code)

Change in household size due to pregnancy:

Required documentation:

- Attach a letter from your obstetrician indicating the date and proof of pregnancy.
- Completion of the verification process. Upon submission of this form, the Office of Financial Assistance will notify you of the required documents to complete the verification process.

Unusual Medical Expenses

Required documentation:

- Attach a copy of your 2017 Schedule A Form from the 2017 Federal tax return. Expenses are considered unusual if they exceed 11% of the family's income. Expenses must appear in the 2017 Schedule A form.
- Attach a detailed letter explaining what the medical expenses are for. Orthodontic expenses will not be considered.

Loss of Income (for at least 16 consecutive weeks)

Required documentation:

- Attach a letter explaining the circumstances around the involuntary loss of income for at least 16 consecutive weeks (terminated, laid off, injury, or illness)
- Documentation supporting circumstances of loss of income (e.g. separation letter from previous employer, doctor's note if related to illness or injury)
- Completion of the verification process. Upon submission of this form, the Office of Financial Assistance will notify you of the required documents to complete the verification process.
- Submit a signed copy of your 2018 tax return transcript. Must be signed by filer and preparer (if applicable).

Dislocated Worker (student, parent, or spouse)

Required documentation: Please note, not all jobless individuals are considered dislocated workers. The Office of Financial Assistance will review the documents you submit to determine if the individual is a dislocated worker.

Submit the following, as applicable:

- Detailed personal statement regarding circumstances for loss of employment
- Proof of unemployment benefits due to lay off or loss of job (*unemployment benefits statement*)
- Proof from former employer indicating lay off or loss of job; must include last day of employment
- Proof that self-employment is terminated due to economic conditions or natural disaster (*detailed written statement, etc.*)
- Proof of being a dislocated homemaker who is no longer supported by the spouse and is now having trouble finding or upgrading employment (*detailed written statement, divorce decree, etc.*)

Certification & Signature(s)

I understand that this evaluation will not change the outcome of my FAFSA results, but only allow the Office of Financial Assistance the opportunity to review my circumstances to see if I might be eligible for additional UIW grant funding. Submitting this form does not guarantee additional grant funding. **I certify the information on this appeal to be complete and accurate and that I have attached the required documentation. If any of the information changes, I understand I must promptly notify the 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

Parent signature (*required for dependent students*)

Date