TINE INST

2020-2021

Special Circumstances Form

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Revised 04/2020

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Black Ink Only

The Special Circumstances form is for students who have exceptional circumstances which are not taken into account through the initial FAFSA process. Complete this form indicating your circumstances and submit it to the Office of Financial Assistance with the required documentation for us to evaluate your need for additional assistance. Review of special circumstances will take place after you complete a 2020-2021 FAFSA, including utilization of the IRS Data Retrieval Tool (DRT) to transfer tax data for the student and/or parent (if applicable), and after you receive your initial 2020-2021 award.

Special circumstances submitted after Oct. 16, 2020 (Fall) or Mar. 6, 2021 (Spring) may not be able to be processed.

Student Information		
Student Name	Student ID	Phone Number (include area code)
☐ Change of Financial Circumstances		
Required documentation:		
Detailed personal statement of circumstances for loss of employment; include current work status and pay frequency.		
• 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.		
	our parents', if dependent) 2019 tax return. employer confirming loss of income, date	Must be signed by filer. of separation, and amount of severance pay
	onth's pay stubs from current job (if applic pplicable state) Workforce Commission Cl	cable). laim and Payment statement (unemployment
☐ Change in household size* due to pregnancy:		
Required documentation:		
•	n indicating the date and proof of pregnance	
the required documents to complete	the verification process.	ice of Financial Assistance will notify you of
*Changes to household size due to div	orce, death, etc. are submitted through the	Parent or Student Marital Status forms
☐ Unusual Medical Expenses		
Required documentation:		
	le A Form from the 2019 Federal tax return Expenses must appear in the 2019 Schedu	
Attach a detailed letter explaining w	hat the medical expenses are for. Orthodor	ntic expenses will not be considered.
	lease submit Explanation of Benefit forms rered by insurance will not be considered.	for the claimed expenses. Expenses for
Certifications & Signature(s)		
Initial each of the statements below to dependent students.	verify your understanding, and sign/dat	te. Parent signature is required for
I understand that submitting thi	is request for re-evaluation may not change Il allow the Office of Financial Assistance t	e the outcome of my FAFSA eligibility or the opportunity to review my circumstances.
documentation. If any of the information	s appeal to be complete and accurate and the changes, I understand I must promptly no of financial aid received if I fail to do so.	nat I have attached the required stify the Office of Financial Assistance and

Parent Signature (required for dependent students)

Date

Date

Student Signature