



# 2018-2019 Special Circumstances Appeal

Use this appeal form to request consideration of student and/or parent income changes, medical expenses or educational expenses based on extenuating circumstances related to the **2018-2019 academic year only**.

Name: (First, Middle, Last) \_\_\_\_\_

UT EID \_\_\_\_\_

### Required for All Appeals

**PERSONAL STATEMENT:** Attach a signed personal statement written by you, **the student**, describing your circumstances. (A parent may submit a secondary statement with additional relevant details, if desired.) Include a narrative of events with dates, an explanation of how these events affected your/your family's ability to pay for your education, and, if applicable, an explanation of how the 2016 income data reported on your FAFSA no longer represents your financial situation during the 2018-2019 academic year.

**SUPPORTING DOCUMENTATION:** See the *Required and Supporting Documentation Checklist* on page 2.

### Reduction in Financial Resources or Income

Who experienced a reduction in income?

- Parent/Stepparent 1       Student
- Parent/Stepparent 2       Spouse

What circumstances led to the reduction?

When did it occur? \_\_\_\_\_

\$ \_\_\_\_\_

Unemployment benefits

Date (month/year – month/year) \_\_\_\_\_

\$ \_\_\_\_\_

Severance/Paid Leave

\$ \_\_\_\_\_

2017 IRS tax return adjusted gross income (AGI)

\$ \_\_\_\_\_

2017 Income (W-2 & Self-employment)

Report/estimate the person(s) **future expected MONTHLY** income between June 2018 and May 2019 from the sources below.

\$ \_\_\_\_\_

Employment

\$ \_\_\_\_\_

Social Security Benefits

\$ \_\_\_\_\_

Retirement (Pension) Benefits

\$ \_\_\_\_\_

Other Income

Source

From: \_\_\_\_\_ to: \_\_\_\_\_

### Medical Expenses

Include medical, dental, prescription and nursing home expenses for household family members paid out of pocket and not covered by health insurance or reimbursed by a third party.

Who incurred medical expenses? \_\_\_\_\_

What condition(s) prompted the need for medical care?

Is the individual still seeking treatment?  Yes  No

If yes, How long is the treatment expected to continue? \_\_\_\_\_

Report costs not covered by insurance below (e.g. patient copays and deductibles). Do not include insurance premiums.

\$ \_\_\_\_\_

Total medical expenses paid in the most recent 12-month period

\$ \_\_\_\_\_

Expected future monthly medical expenses

For large outstanding balances, have you made payment arrangements with your medical care providers?  Yes  No

If yes, With whom? \_\_\_\_\_

\$ \_\_\_\_\_ From: \_\_\_\_\_ to: \_\_\_\_\_

Monthly Payment

### Additional Educational Expenses

\$ \_\_\_\_\_

Parent/student MONTHLY educational loan payments

\$ \_\_\_\_\_

Private elementary/secondary tuition

By signing below, I certify that all the information reported is complete and accurate. I understand that if I purposely give false or misleading information I may be fined up to \$20,000, sentenced to prison, or both. My signature indicates that I understand that not all circumstances can or will change my eligibility for financial aid and that any professional judgment exercised by a financial aid officer applies only to financial aid eligibility at UT Austin. Professional judgments cannot be overturned without significant documentation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent signature (required if dependent) \_\_\_\_\_

Date \_\_\_\_\_

OFA OFFICE USE ONLY: JIRA#: SCA- \_\_\_\_\_ Intake date: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Date routed: \_\_\_\_\_ Decision Date: \_\_\_\_\_

APPROVED    RECALCULATED    NO IMPACT    DENIED    CLOSED   FAO Initials: \_\_\_\_\_



# 2018-2019 Special Circumstances Appeal

Use this appeal form to request consideration of student and/or parent income changes, medical expenses or educational expenses based on extenuating circumstances related to the **2018-2019 academic year only**.

Review the checklist(s) below to determine what types of acceptable supporting documentation you may need to submit with your appeal. Student name and UT EID are required on all submitted documents. Submit unaltered photocopies of your documents.

**Please submit one-sided copies only and remove all staples.**

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## Personal Statement: Required for All Appeals

Attach a signed personal statement written by you, **the student**, describing your circumstances. A parent may submit a secondary statement with additional relevant details, if desired. Include a narrative of events with dates; an explanation of how these events affected your/your family's ability to pay for your education; and if applicable, an explanation of how the 2016 income data reported on your FAFSA no longer represents your financial situation during the 2018-2019 academic year.

## Reduction in Financial Resources or Income

- REQUIRED: Signed copy of 2016 income tax return, all 2016 W-2 forms, and all tax schedules and forms
- REQUIRED: Signed copy of 2017 tax return, all 2017 W-2 forms, and all tax schedules and forms
- REQUIRED: Verification of the circumstances that led to the reduction (e.g. layoff notice, termination letter, retirement status, employment verification letter from previous employer or resignation letter)
- REQUIRED: Documentation of all sources of income
  1. Employment earnings (last 6 months' paychecks/payroll deposit notices)
  2. Unemployment benefits (Workforce Commission Statement of Wages and Potential Benefit Amounts)
  3. Severance pay/lump sum paid leave
  4. Pension or retirement benefits (1099-R)
  5. Other income sources
- If you or your parents were married and filed a joint tax return in 2016, but are now separated/divorced and no longer living together:
  6. A signed copy of your/your parents' 2017 income tax return with W-2s
  7. A copy of the divorce decree, temporary orders (divorce filed/not yet final), or other documents establishing the date you and your spouse/your parent and their spouse ceased living together.

## Medical Expenses

Out-of-pocket medical expenses less than \$2,500 per year typically have no effect on financial aid eligibility. Submit documentation of medical expenses incurred during the most recent 12-month period only.

- REQUIRED: 2017 tax return with Schedule B if you/your parent(s) itemized deductions
- REQUIRED: Receipts showing out-of-pocket payments made for medical bills and insurance claim history/summary

## Additional Educational Expenses

- Educational loan payments: Most recent loan repayment billing statement (loans must be in active repayment)
- Private elementary/secondary tuition: Receipts and/or billing statement

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Submit completed and signed appeal form, personal statement and supporting documentation to the Office of Financial Aid by fax at (512) 475-6296, in-person in suite 3.200 of the Student Services Building (SSB), or by mail. To maintain the security of all students, we cannot accept e-mail attachments.