



# Hurricane Harvey Special Circumstances Appeal

Use this appeal form to request consideration of relevant expenses and/or parent income changes based on circumstances related to Hurricane Harvey.

**You must have completed a 2017-18 FAFSA in order to appeal for Harvey-related special circumstances. If you have not yet filed a FAFSA and do not have access to your 2015 income information, please contact the Office of Financial Aid for assistance.**

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 and an explanation of how these events affected your/your family's ability to pay for your education.

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

### Hurricane-Related Expenses

Include home, medical and travel expenses for household family members that were paid out of pocket and not covered by insurance or reimbursed by a third party.

Who incurred expenses?

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

**Property damage** Estimate for repairs over the next nine months:

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

**Medical expenses** | Estimate for medical care over the next nine months:

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

**Travel expenses** | Estimate for additional travel costs incurred over the next nine months:

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

### Reduction in Financial Resources or Income due to Hurricane Harvey

Who experienced a reduction in income?

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

Report/estimate your/their **future expected monthly** income over the next nine months from the sources below.

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

Employment

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

Social Security Benefits

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

Other Income

Source: \_\_\_\_\_

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

Retirement (Pension) Benefits

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

### Additional Hurricane-Related Expenses

Provide an estimate for additional Hurricane Harvey-related expenses over the next nine months and **not covered above**:

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

Please explain: *Additional documentation may be required.*

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, 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 \_\_\_\_\_



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## Required and Supporting Documentation Checklist

Review the checklists 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.

### 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.

### Hurricane-Related Expenses

For home, medical and travel expenses for household family members that were paid out of pocket, not covered by insurance or reimbursed by a third party, and that will be incurred over the next nine months.

- Please provide:** Copy of 2015 tax return, all 2015 W-2 forms, and all tax schedules and forms
  - Please check if tax forms are unavailable due to Hurricane Harvey-related loss.*
- **As applicable:** Documentation of any out-of-pocket costs for home repair, including insurance claim history/summary  
*If insurance claim summaries are not yet available, please include contractor estimates and explain in your personal statement.*
- **As applicable:** Documentation of any out-of-pocket payments made for medical expenses and insurance claim history/summary
- **As applicable:** Documentation of any out-of-pocket payments for travel. Include receipts for hotel stays due to evacuation, car rental, fuel, extended travel requirements, etc.

### Reduction in Financial Resources or Income

- REQUIRED:** Signed copy of 2015 income tax return, all 2015 W-2 forms, and all tax schedules and forms
- REQUIRED:** Signed copy of 2016 tax return, all 2016 W-2 forms, and all tax schedules and forms  
*If tax forms are not available to be submitted due to Hurricane Harvey-related loss, please explain in your personal statement.*
- REQUIRED:** Documentation of all sources of income
  - a) Employment earnings (last 6 months' paychecks/payroll deposit notices)
  - b) Unemployment benefits (Workforce Commission Statement of Wages and Potential Benefit Amounts)
  - c) Severance pay/lump sum paid leave
  - d) Pension or retirement benefits (1099-R)
  - e) Other income sources

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.