



2017-2018 Special Circumstances Appeal

Use this appeal form to request consideration of student and/or parent income changes, medical or education expenses based on extenuating circumstances related to the **2017-2018 academic year ONLY**.

Last Name First Name Middle Initial UT EID

REQUIRED FOR ALL APPEALS

- A. 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 yours/your family's ability to pay for your education; and if applicable, an explanation of how the 2015 income data reported on your FAFSA no longer represents your financial situation during the 2017-2018 academic year.
- B. 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 Parent/Stepparent 2 Student Spouse
What circumstances led to the reduction? _____ When did it occur? _____
Unemployment benefits: \$ _____ From: ___/___/___ to ___/___/___ Severance/Paid Leave: \$ _____
2016 IRS tax return adjusted gross income (AGI): \$ _____ 2016 Income (W-2 & Self-employment): \$ _____
Report/estimate the person(s) **future expected MONTHLY** income between June 2017 and May 2018 from the sources below.
Employment: \$ _____ Social Security Benefits: \$ _____ Retirement (Pension) Benefits: \$ _____
Other Income: \$ _____ Source: _____ From: ___/___/___ to ___/___/___

MEDICAL EXPENSES: Include medical, dental, prescriptions, 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 so, with whom: _____ Monthly payment: \$ _____ From: ___/___/___ to ___/___/___

ADDITIONAL EDUCATIONAL EXPENSES: Your cost of attendance includes budget allowances for tuition, room & board, textbooks, transportation, and personal expenses. Standard living expenses, credit card/consumer debt, cell phones, car/home repairs, parking permits, vacations, or charitable contributions cannot be considered "education expenses."

Above average cost of textbooks/required supplies: Summer 2017 \$ _____ Fall 2017 \$ _____ Spring 2018 \$ _____
Parent/student MONTHLY educational loan payments: \$ _____ Private elementary/secondary tuition: \$ _____
Other: \$ _____ Explain: _____

SIGNATURES 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 up to \$20,000, sentenced to jail, or both. My signature indicates that I understand that not all circumstances can or will make a positive impact on Financial Aid Eligibility and that the Professional Judgement decision herein exercised by a Financial Aid Officer applied only to Financial Aid eligibility at UT AUSTIN. Professional Judgement decisions cannot be overturned without substantial documentation.

Student 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 _____

2017-18 Special Circumstances Appeal Required and Supporting Documentation Checklist

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

Submit ONE SIDED ONLY pages. Please remove all staples.

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 yours/your family's ability to pay for your education; and if applicable, an explanation of how the 2015 income data reported on your FAFSA no longer represents your financial situation during the 2017-2018 academic year.

REDUCTION IN FINANCIAL RESOURCES/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
- **REQUIRED:** Verification of the circumstances that led to the reduction (*i.e.*, *layoff notice*, *termination letter*, *retirement status*, *employment verification letter from previous employer*, or *resignation letter*)
- **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

If you or your parents were married and filed a joint tax return in 2015, but are now separated/divorced **and** no longer living together:

- a) A signed copy of yours/your parents' 2016 income tax return with W-2s
- b) 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:** 2016 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
- **REQUIRED:** Expected monthly expenses from ongoing treatment: billing statements

ADDITIONAL EDUCATIONAL EXPENSES:

- **Above average books/supplies:** receipts, course syllabus, or instructor letter
- **Educational loan payments:** most recent loan repayment billing statement (loans must be in active repayment)
- **Private elementary/secondary tuition:** receipts and/or billing statement
- **Other:** Documents clearly identifying the source and amount of the expense. Include receipts

Submit completed and signed appeal form, personal statement, and supporting documentation to the Office of Financial Aid (OFA) by FAX (512) 475-6296, in-person at OFA, Student Services Building, Suite 3.200, or by mail. To maintain the security of all students, OFA does **not** accept e-mail attachments.