



4301 Broadway CPO 308
 San Antonio, Texas 78209
 Phone: (210) 829-6008
 Fax: (210) 283-5053
 www.uiw.edu/finaid
 finaid@uiwtx.edu

2018-2019 Special Circumstance Form

SPEC19

The 2018-2019 Special Circumstance form is for students who have exceptional circumstances which are not taken 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 financial assistance. Review of special circumstances will take place **after** you complete a 2018-2019 FAFSA, including utilization of the Data Retrieval Tool (DRT) by both the student and/or parent, and **after** you receive an initial 2018-2019 award package from UIW.

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

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Parents refuse to help pay for college 2. Mortgage, rent, car and car insurance payments 3. Consumer debt (<i>credit cards</i>) 4. Tuition paid for private elementary or secondary school 5. Medical insurance premiums 6. Reduced bonus incomes or commissions, or lottery/ gambling winnings 7. Reduction in overtime pay, or hours worked | <ol style="list-style-type: none"> 8. Reduction in income due to voluntary change of employment, or decision to become unemployed full-time student 9. Chapter 7 Bankruptcy or reductions in income from bankruptcy proceedings 10. Unusual expenses related to personal living (<i>such as wedding expenses, loan payments, or legal expenses</i>) 11. Home Equity, IRA, 403B, and 401K loans 12. Initial taxable retirement funds, pensions or distributions |
|--|---|

****Black Ink Only****

Last Name	First Name	M.I.	Student ID
Address			Email
City	State	Zip	Phone Number (<i>include area code</i>)

REDUCTION IN INCOME DUE TO DIVORCE OR DEATH OF SPOUSE OR PARENT:

Required Documentation: Attach a detailed letter of explanation including the following:

- Date of divorce or death of spouse or parent (if occurred after submitting the FAFSA)
 - Please include official divorce decree and all 2016 W2 forms, and/or a copy of the official death certificate
- Completion of the verification process. Upon submission of this form, the Office of Financial Assistance will advise you on the required documents to complete the verification process.

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 advise you on the required documents to complete the verification process.

UNUSUAL MEDICAL EXPENSES:

Required Documentation: Attach the Following

- Copy of your 2016 Schedule A Form from the 2016 Tax Return. Expenses are considered unusual if they exceed 11% of the family's income. **Expenses must appear on the 2016 Schedule A form.**
- Detailed letter explaining what the medical expenses are for. (DO NOT include orthodontic expenses)

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. (Example: 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 advise you on the required documents to complete the verification process.
- Submit a signed copy of your **2017** tax return transcript. Must be signed by filer and preparer (if applicable).

DISLOCATED WORKER:

Required Documentation: You must submit the following in order for us to verify your Dislocated worker status. Please note that not all jobless individuals are considered dislocated workers, the Financial Aid Processor will review the documents you submit to determine if the individual is a dislocated worker.

Student, Parent or Spouse Dislocated Worker Status: Submit the following (as applicable)

- Detailed personal statement regarding circumstance 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*).
- 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 STATEMENT

I understand that this evaluation will not change the outcome of my FAFSA results, but only allow the UIW Office of Financial Assistance the opportunity to review my circumstance 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 UIW Office of Financial Assistance and that I may be responsible for repayment of financial aid received if I fail to do so.**

Student Signature: _____
(Required)

Date: _____

Parent Signature: _____
(Required for dependent students)

Date: _____