

If you need assistance completing this form, please contact us at 817-272-3561.



# University of Texas at Arlington

## Office of Financial

Office Use Only

**2023-2024**

## Special Circumstance Form (SCF)

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555

Mail: PO Box 19199, Arlington, TX 76019 Email: [fao@uta.edu](mailto:fao@uta.edu)

PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

This form may be submitted for consideration if the information on your 2023-2024 FAFSA is no longer an accurate reflection of your family's current financial status due to an extenuating circumstance. Submission of this form does NOT guarantee an adjustment to your FAFSA data or additional aid. Aid adjustments are subject to program and funding restrictions.

<b>Student's Name:</b>	<b>UTA ID:</b>
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Complete and submit this form along with the following required documents:

- Attach a typed, signed and dated one-page detailed explanation of your special circumstance.
- Attach signed copies of yours, your spouse's, and/or your parents' 2021 and 2022 tax returns with schedules 1, 2, and/or 3.
- Attach the 23-24 Verification of Household Form - <https://www.uta.edu/administration/fao/apply-for-aid/forms>
- Attach the required supporting documentation listed below to substantiate your specific special circumstance.
- Complete and submit any other outstanding checklist items indicated on your "to-do" list in MyMav.

Please monitor your to-do list in MyMav for additional information which may be requested during the review of your circumstance.

### Provide the following information about your special circumstance:

Special Circumstance	Effective Date	Required Supporting Documentation
<input type="checkbox"/> Separation or Divorce (which occurred after the date the 23/24 FAFSA was filed)	<input type="checkbox"/> Student <input type="checkbox"/> Parent ____ / ____ / ____	<ul style="list-style-type: none"><li>• Divorce: court document/divorce decree</li><li>• Separation: court document or documentation to substantiate two separate households (e.g., lease, mortgage, utility bills, etc.)</li></ul>
<input type="checkbox"/> Marriage (which occurred after the date the 23/24 FAFSA was filed)	<input type="checkbox"/> Student <input type="checkbox"/> Parent ____ / ____ / ____	<ul style="list-style-type: none"><li>• Copy of the marriage certificate</li></ul>
<input type="checkbox"/> Death (which occurred after the date the 23/24 FAFSA was filed)	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent ____ / ____ / ____	<ul style="list-style-type: none"><li>• Copy of the death certificate or obituary</li><li>• Copy of 2021 and 2022 W-2's</li></ul>
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent ____ / ____ / ____	<ul style="list-style-type: none"><li>• Letter from employer documenting last date of employment</li><li>• Documentation of year-to-date earnings and 3 most recent paycheck stubs</li><li>• Documentation of unemployment compensation and/or disability benefits</li></ul>
<input type="checkbox"/> Loss of Benefits	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent ____ / ____ / ____	<ul style="list-style-type: none"><li>• Documentation of the termination of benefits</li><li>• Documentation of any year-to-date benefits received for 2021 and 2022</li></ul>
<input type="checkbox"/> One-Time Benefit, Income Distribution or Payment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent ____ / ____ / ____	<ul style="list-style-type: none"><li>• Documentation of the one-time benefit/payment</li><li>• Include explanation of how the benefit was used</li></ul>
<input type="checkbox"/> Extenuating Out of Pocket Medical Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent ____ / ____ / ____	<ul style="list-style-type: none"><li>• Documentation of the reason for the medical expenses</li><li>• Proof of payment/receipts of medical expenses paid out of pocket (not covered by insurance or placed on credit) during the calendar or tax year</li></ul>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent ____ / ____ / ____	<ul style="list-style-type: none"><li>• Documentation to substantiate the "other" special circumstance</li></ul>

**Provide the following actual (1/2023 – today) and anticipated (today – 12/2023) income information for the 2023 calendar year below – enter 0's if not applicable:**

Actual & Anticipated 2023 Income		Dependent Student			Independent Student	
		Parent #1	Parent #2	Student	Student	Spouse
2023 TAXABLE INCOME	Gross income earned from wages, tips, commission, etc. ----- Actual: 1/2023 – today Anticipated: today – 12/2023	Actual: \$	Actual: \$	Actual: \$	Actual: \$	Actual: \$
		Anticipated: \$	Anticipated: \$	Anticipated: \$	Anticipated: \$	Anticipated: \$
	Unemployment compensation	\$	\$	\$	\$	\$
	Severance pay, paid time off, and/or vacation payout income not included in gross wages above	\$	\$	\$	\$	\$
	Taxable retirement income	\$	\$	\$	\$	\$
	Other taxable income source: -----	\$	\$	\$	\$	\$
2023 UNTAXED INCOME	Housing allowance for clergy and/or BAS for military	\$	\$	\$	\$	\$
	Workers' compensation – provide copy of monthly statement	\$	\$	\$	\$	\$
	Untaxed disability income – provide copy of monthly statement	\$	\$	\$	\$	\$
	Child support received for all members of the household	\$	\$	\$	\$	\$
	Untaxed retirement income	\$	\$	\$	\$	\$
	Other untaxed income source: -----	\$	\$	\$	\$	\$
	Child support paid for children not in the household	\$	\$	\$	\$	\$

**Read and Sign Below:**

Certification and Signature(s)			
Signatures must be hand-written and not typed or forged			
I certify that the information reported on this form is complete and accurate. I understand that there is no guarantee that an adjustment will be made or that additional aid will be awarded if an adjustment is made due to this information.			
Student's Signature (Required)	Date	Parent's Signature (Required if Dependent)	Date
<b>WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.</b>			