

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

## 2024-2025 Special Circumstance Form – Financial Status

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 2024-2025 FAFSA is no longer an accurate reflection of your family's current financial status due to an extenuating special 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' 2022 and 2023 tax returns with schedules 1, 2, and/or 3.
- Attach the 2024-2025 Verification of Family Members 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 this request.

### 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 2024-2025 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 2024-2025 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 2024-2025 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 2022 and 2023 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 2022 and 2023</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 (1/2024 – today) and anticipated (today – 12/2024) income information for the 2024 calendar year below – enter 0’s if not applicable:**

Actual & Anticipated 2024 Income		Dependent Student			Independent Student	
		Parent #1	Parent #2	Student	Student	Spouse
<b>2024 TAXABLE INCOME</b>	Gross income earned from wages, tips, commission, etc. ----- Actual: 1/2024 – today Anticipated: today – 12/2024	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 wages above	\$	\$	\$	\$	\$
	Taxable portion of IRA or pension retirement income distributions or withdrawals	\$	\$	\$	\$	\$
	Other taxable income source: _____	\$	\$	\$	\$	\$
<b>2024 UNTAXED INCOME</b>	Untaxed portion of IRA or pension retirement income distributions or withdrawals	\$	\$	\$	\$	\$
	IRA deductions, payments to self-employed plans	\$	\$	\$	\$	\$
	Child support received for all members of the household	\$	\$	\$	\$	\$
	Foreign Earned Income Exclusion	\$	\$	\$	\$	\$
	Tax-exempt interest	\$	\$	\$	\$	\$
	Other untaxed income source: _____	\$	\$	\$	\$	\$

**Read and Sign Below:**

**Certification and Signature(s)**

I certify that the information reported on this form is complete and correct. 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 Handwritten Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Handwritten Signature (required if dependent)

\_\_\_\_\_  
Date

**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.