

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



University of Texas at Arlington

Office of Financial Aid

Office Use Only

2024-2025 Unusual Circumstance Form – Dependency Status

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555
Mail: PO Box 19199, Arlington, TX 76019 Email: fao@uta.edu
PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA

This form may be submitted if:

1. you do not meet the FAFSA definition of an independent student for financial aid purposes, and you believe you have an unusual circumstance that makes it unreasonable to assess your parent’s ability to contribute to your educational costs (NOTE: your parent’s unwillingness to contribute or provide financial data and/or your ability to live apart and be self-supporting are not sufficient reasons in and of themselves to justify independent status per federal guidelines), **OR**
2. you reported that you are an unaccompanied youth either homeless or at risk of being homeless and you are unable to secure a determination of your unaccompanied homeless status by one of the designated sources listed on the FAFSA.

Completion of this form does NOT guarantee a change to your dependency status or additional aid eligibility – aid adjustments are subject to program and funding restrictions.

Student’s Name:	UTA ID:
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Steps to be completed:

1. Complete and submit the 2024-2025 FAFSA at fafsa.gov and include UTA’s code – 003656.
2. Complete and submit this form to the UTA Financial Aid Office with the following required items attached:
 - a. A typed, signed, and dated one-page detailed statement of your situation which includes an explanation of your unusual circumstance and relationship with your parents, your parents’ names/address, where and with whom you have been living, and your current means of support.
 - b. Two (2) Unusual Circumstance Reference Forms from individuals you know professionally who have first-hand knowledge of the details surrounding your unusual circumstance and relationship with your parents (e.g., clergy, attorney, counselor, teacher, principal, employer, etc.):

Name:	Professional Relationship:
Name:	Professional Relationship:

- c. One (1) Unusual Circumstance Reference Form from an individual you know personally who has first-hand knowledge of the details surrounding your unusual circumstance and relationship with your parents (e.g., relative, neighbor, friend, etc.):

Name:	Personal Relationship:
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- d. Any additional supporting documentation you believe will be helpful to substantiate your request.
3. Monitor your to-do list in MyMav for additional information/documents which may be requested during the review process.

Certification and Signature	
I have attached to this form the required documents as indicated above. I certify by my signature below that the information I have provided is true and complete.	
Student’s Handwritten Signature (required)	Date
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	