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

2025-2026 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 EMAIL

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 selfsupporting are not sufficient reasons in and of themselves to justify independent status per federal guidelines). OR

| 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: | |
| Step | s to | be completed: | | | |
| 1. Complete and submit the 2025-2026 FAFSA at fafsa.gov and include UTA's code – 003656. | | | | | |
| 2. (| Com | nplete and submit this form to the UTA Financial Aid Office with the following required items attached: | | | |
| A typed, signed, and dated one-page detailed statement of your situation which includes an ex circumstance and relationship with your parents, your parents' names/address, where and wit and your current means of support. | | | | | |
| b. Two (2) Unusual Circumstance Reference Forms from individuals in clergy, attorney, employer, etc. who have first-hand knowledge of t relationship with your parents: | | | | | |
| | | Name: | Profession: | | |
| | | Name: | Profession: | | |
| (| | One (1) Unusual Circumstance Reference Form from an individual such as a relative, neighbor, friend, etc. who has first-hand knowledge of the details surrounding your unusual circumstance and relationship with your parents: | | | |
| | | Name: | Relationship | To You: | |
| d. Any additional supporting documentation you believe will be helpful to substantiate your reque | | | | ubstantiate 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. | | | | | |