



Office of Financial Aid

# 2020-2021 Request for Review of Special Circumstances for Dependent Students

## SECTION A: STUDENT INFORMATION

Name:	UTPB Student ID:	SSN (last 4 digits only):
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The 2020-2021 Free Application for Federal Student Aid (FAFSA) you completed uses you and your parent(s)' 2018 income and assets to determine your financial need for this academic year.

If there has been a major change in your situation since filing the FAFSA, or you have special circumstances that were not taken into consideration on the FAFSA, you and your parent(s) should use this form to have your financial aid file reviewed. Please be aware that even if a special circumstance is approved and financial need has been established, grant funding may already be exhausted. Contact our office at (432)552-2620 if you have any questions while completing this form.

### COMPLETING THIS FORM

- ✓ **Section A:** Complete the requested student information.
  - ✓ **Section B:** Sign and date the certification. You and one parent are required to sign and date this form.
  - ✓ **Section C:** Provide a personal statement explaining your financial situation.
  - ✓ **Section D:** Update household information if different from FAFSA, only if needed.
  - ✓ **Section E:** Review this section **IF** your special circumstances relates to changes in income. Check the boxes that apply and attach the required documentation.
  - ✓ **Section F:** Review this section **IF** your special circumstances relates to extraordinary expenses. Check the boxes that apply and attach the required documentation.
- \*Note:** If your situation involves both a loss of income and extraordinary expenses, complete Section E and F. Our office will review both, and then select the section that may increase your financial need.

### SUBMITTING THIS FORM

- ✓ Ensure the form is complete and the required documentation is attached.
- ✓ Return the form and required documentation to our office.
- ✓ Allow 4-6 weeks for our office to review your form.

## SECTION B: CERTIFICATION

I certify that the information contained on this form is correct. I understand that if I purposely give false or misleading information or forged signatures on this form, I may be fined \$20,000, sent to prison, or both; and it may result in the cancellation or repayment of all or part of my financial aid. I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature	Date	Parent Signature	Date
<u>X</u>	_____	<u>X</u>	_____

**Return this completed form with any required documentation to:**  
 Office of Financial Aid, University of Texas Permian Basin – 4901 East University  
 Odessa, Texas 79762 or fax to (432) 552-2621 or save and attach as PDF and email to [finaid@utpb.edu](mailto:finaid@utpb.edu)



## SECTION E: CONDITIONS RELATED TO INCOME

Please check the boxes that apply to you **AND** attach the required documentation.

- A. **Unemployment:** My student/parent 2018 income as reported on the FAFSA will not be reflective of the income that I expect to receive in 2020/2021 due to a loss of job resulting in unemployment for **at least 10 consecutive weeks** in 2020/2021. Previous employment must have been for at least 30 weeks.  
**Documentation required:** A signed/dated letter from the former employer. Hire and termination dates must be included. If student/parent is receiving unemployment benefits, documentation from unemployment commission stating start and end dates with amounts must be included.
- B. **Reduction of Income:** My 2018 income will not be reflective of the income that I expect to receive in 2020/2021 due to the fact that my hours or pay has been reduced. You must have been employed at least 30 weeks.  
**Documentation required:** Last two pay stubs.
- C. **Death:** I submitted my FAFSA and, afterwards, my parent(s) died.  
**Documentation required:** A copy of the death certificate.
- D. **Divorce/Separation:** My parents, whose information was used on the FAFSA, have divorced or separated.  
**Documentation required:** A copy of the divorce decree, stating the date of divorce, or a verifiable letter from your attorney, counselor, clergyman, doctor, or other professional, stating the date of separation.
- E. **Loss of benefits/untaxed income:** All or a portion of my Expected Family Contribution (EFC) from 2018 income was derived from a non-taxable income (SSB, ADC, AFDC, child support received, etc.) which has been substantially reduced or eliminated for the 2020/2021 year. [The untaxed income or benefit must have been from a public or private agency, from a company, or from a person because of a court order].  
**Documentation required:** A statement from the appropriate agency, stating the last date the benefit was paid. In cases of loss of child support, attach a copy of the divorce decree indicating the date the child support ceased or was reduced.
- F. **One time income exclusion:** My student/parent income for 2018 includes an income that is typically only received once. Thus, my 2018 income is not reflective of the income I expect to receive in 2020/2021. [Examples of a one-time income are: capital gains from sales of assets, prize winnings and pension payoff].  
**Documentation required:** An official document identifying source of income, as well as a separate sheet identifying how the funds were spent.

## SECTION F: CONDITIONS RELATED TO EXTRAORDINARY EXPENSES

Please check the boxes that apply to you **AND** attach the required documentation.

- H. I and/or my parents made payments on a Title IV educational loan in the CALENDAR YEAR 2018.  
**Documentation required:** A statement from your lender showing payments that were made.
- I. My parents paid elementary or secondary school tuition in the CALENDAR YEAR 2018.  
**Documentation required:** A statement from the school or copies of cancelled checks showing the DATE and AMOUNT paid in the calendar year 2018 for TUITION ONLY. Book rental, uniforms, club fees, deposits, etc. will not be used.
- J. I and/or my parents incurred non-reimbursed medical, dental or nursing home expenses in 2018 that were not covered by insurance. **Note:** Only expenses paid up to 7.5% of your Adjusted Gross Income will be considered.  
**Documentation required:** A copy of Schedule A from the 1040 form, an itemized statement of billing from a doctor or copies of nursing home expenses. If a billing is used it must clearly show how much you **actually paid** in 2018.