



2021-2022 Request for Review of Special Circumstances

This form may be submitted if the information on your 2021-2022 FAFSA is no longer an accurate reflection of your current financial status due to an extenuating circumstance (e.g., divorce, loss of income, death of spouse/parent, medical expenses, etc.). Submission of this form does NOT guarantee an adjustment to your information will be made or that additional aid will be awarded. Aid adjustments are subject to program and funding restrictions. Forms must be submitted at least two weeks before the end of the term to allow time for processing.

SECTION A: STUDENT INFORMATION

Student Name	UNT Assigned ID	SSN (last 4 digits only)

- Step 1:** If you haven't already done so, submit the 2021-2022 FAFSA at fafsa.gov and include UNT's school code, 003594.
- Step 2:** Submit any required verification items noted on your myUNT Task List. Students selected for verification must have verification completed prior to the review of special circumstances.
- Step 3:** Complete and submit the following to Student Financial Aid & Scholarships. Include your name and 8-digit UNT ID on every document submitted.
- This request with all sections completed in full;
 - A **typed**, maximum one-page, explanation of your individual circumstances (handwritten statements are unacceptable);
 - A **hand-signed** copy of 2019 1040 form or Tax Return Transcript (irs.gov) for student and spouse/parent(s);
 - All 2019 and 2020 W-2's for student and spouse/parent(s);
 - Any additional required supporting documentation indicated in Section C of this form pertaining to your circumstance. Additional information may be requested depending on your individual circumstance.
- Step 4:** Submit your Request for Review of Special Circumstances with all documentation through our secure document uploader (<https://financialaid.unt.edu/upload>). Do not email this form or any documentation.

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 with all required documentation for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature (<i>Required</i>)	Date
X _____	_____
Spouse Signature (<i>Required if Married</i>)	Date
X _____	_____
Parent Signature (<i>Required if Dependent on FAFSA</i>)	Date
X _____	_____

Return this completed form with any required documentation to:
 Student Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017
 or fax to (940) 565-2738 or save as PDF and upload to <https://financialaid.unt.edu/upload>

STUDENT NAME _____

UNT ID # _____

SECTION C: INDICATE CIRCUMSTANCE

Circumstance	Person Affected	Effective Date	Required Supporting Documentation
<input type="checkbox"/> Separation <input type="checkbox"/> Divorce	<input type="checkbox"/> Student <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Divorce: court documentation/decree Separation: court documentation or documentation to substantiate two separate households
<input type="checkbox"/> Marriage	<input type="checkbox"/> Student <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Copy of the marriage certificate
<input type="checkbox"/> Death	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Copy of the death certificate or obituary
<input type="checkbox"/> Loss of Employment/ Reduction in Income	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Letter from employer documenting last date of employment if no longer employed Documentation of year-to-date earnings, unemployment, and/or disability benefits Copy of three most recent paycheck stubs
<input type="checkbox"/> Loss of Benefits (ex. Child support)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Documentation of the termination of benefits Documentation of year-to-date benefits received
<input type="checkbox"/> One-Time Benefit or Payment	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Documentation of the one-time benefits Statement explaining reason and how benefits were used
<input type="checkbox"/> Extenuating Unreimbursed Medical or Nursing Home Expenses	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Receipts/documentation of medical expenses paid out of pocket and not covered by insurance for 2019. Patient must be member of household
<input type="checkbox"/> Paid Elementary or Secondary School tuition	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Receipts/documentation of school tuition paid in 2019 for child(ren) in the household. (Tuition only)
<input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	___/___/___	<ul style="list-style-type: none"> Documentation of the "other" circumstance

Return this completed form with any required documentation to:

Student Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017
or fax to (940) 565-2738 or save as PDF and upload to <https://financialaid.unt.edu/upload>

STUDENT NAME _____

UNT ID # _____

SECTION D: 2021 Income (Include Actual and Anticipated Income for the Entire 2021 Calendar Year **)**➤ **Do Not** leave any item blank

➤ If an amount is zero or does not apply, please enter \$0 or enter N/A.

2021 Earned Income	Student	Spouse	Parent #1	Parent #2
Estimated income from wages, tips, etc.	\$	\$	\$	\$
2021 Other Taxable Income	Student	Spouse	Parent #1	Parent #2
Interest or Dividend Income	\$	\$	\$	\$
Unemployment Income	\$	\$	\$	\$
IRA Distributions, pensions, and/or annuities	\$	\$	\$	\$
Alimony Received	\$	\$	\$	\$
Business and/or farm income or loss	\$	\$	\$	\$
Rental real estate, royalties, partnerships, S Corporations and trusts	\$	\$	\$	\$
Capital Gains or losses	\$	\$	\$	\$
Social Security Income/Benefits Received - TAXED	\$	\$	\$	\$
Other taxable income source: _____	\$	\$	\$	\$
2021 Untaxed Income	Student	Spouse	Parent #1	Parent #2
Payments to tax-deferred pension and savings plan	\$	\$	\$	\$
Deductible IRA and Keogh payments	\$	\$	\$	\$
Child Support Received . Do Not include foster care or adoption payments.	\$	\$	\$	\$
Tax exempt interest income	\$	\$	\$	\$
Untaxed portions of IRA distributions or pensions	\$	\$	\$	\$
Housing allowance for military or clergy.	\$	\$	\$	\$
Veteran's Non-Educational Benefits (e.g., Disability, Death Pension, or Dependency Indemnity Compensation.	\$	\$	\$	\$
Money received or paid on your behalf (e.g., bills)	\$	\$	\$	\$
Other untaxed income source: _____	\$	\$	\$	\$
2021 Other Financial Information	Student	Spouse	Parent #1	Parent #2
Child Support Paid	\$	\$	\$	\$
Earnings from Federal Work-Study or need-based employment (fellowships/assistantships)	\$	\$	\$	\$
Combat pay or special combat pay that was included in your Adjusted Gross Income (AGI).	\$	\$	\$	\$

Return this completed form with any required documentation to:

Student Financial Aid & Scholarships, University of North Texas - 1155 Union Circle #311370, Denton, TX 76203-5017
or fax to (940) 565-2738 or save as PDF and upload to <https://financialaid.unt.edu/upload>