UT PERMIAN BASIN™
OFFICE OF FINANCIAL AID
& SCHOLARSHIPS

# 2027-2028 Special Circumstances for Dependent Students

Documents received after priority deadline do not guarantee that aid will be available before 1st class day.
It is recommended that you sign up for a payment plan to hold your classes until your financial aid is processed.

**Fall Priority Deadline: July 15, 2027**
**Spring Priority Deadline: October 15, 2027**

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.

## Student Information

**Name:** **UTPB Student ID:** **SSN (last 4 digits only):**

## Required Documents

**-This request form**
**- Letter:** Provide a personal statement explaining your financial situation. Attach as word document to this request form.
**-Supporting Documents:** Provide any documentation that supports your reasoning for a special circumstance as indicated on the Special Circumstance section of this form.

## Household Information

Update information if different from FAFSA, lists all individuals who will remain in the household for the current school year.

| Name | Age | Relationship to Student | Name and State of College |
|---|---|---|---|
| **1.** | | **Self (student)** | **University of Texas Permian Basin** |
| **2.** | | | |
| **3.** | | | |
| **4.** | | | |
| **5.** | | | |
| **6.** | | | |
| **7.** | | | |
| **8.** | | | |

## Office of Financial Aid & Scholarships use only

☐ **Approved** ☐ **Denied** **Decision Date: _____**

**Comments:**

## Special Circumstance

Please circle the circumstance(s) that apply to you **AND** attach the required documentation. **Note**: If your situation involves multiple circumstances, our office will review all, and then select the section that may increase your financial need.

A. **Unemployment:** My student/parent income as reported on the FAFSA will not be reflective of the income that I expect to receive this academic year due to a loss of job resulting in unemployment for **at least 10 consecutive weeks**. 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 as well as any information regarding severance pay (if applicable). Last pay stub from previous employer must be included. If student/parent has received/ is receiving unemployment benefits, documentation from unemployment commission stating start and end dates with amounts must be included.

B. **Reduction of Income:** My income will not be reflective of the income that I expect to receive this academic year 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 income was derived from a non-taxable income (SSB, ADC, AFDC, child support received, etc.) which has been substantially reduced or eliminated this 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 includes an income that is typically only received once. Thus, my income is not reflective of the income I expect to receive this academic year [Examples of a onetime 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.

G. **Title IV Loan payments:** I and/or my parents made payments on a Title IV educational loan.
**Documentation required**: A statement from your lender showing payments that were made.

H. **School Tuition:** My parents paid elementary or secondary school tuition.
**Documentation required**: A statement from the school or copies of cancelled checks showing the date and amount paid for tuition only. Book rental, uniforms, club fees, deposits, etc. will not be used.

I. **High Medical Expenses:** I and/or my parents incurred non-reimbursed medical, dental or nursing home expenses 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.

## Signature

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:_____