

## Unusual Circumstances

Office of Student Financial Services  
P. O. Box 20036 • Houston, TX 77225  
(713) 500-3860 phone • (713) 500-3863 fax  
<https://www.uth.edu/sfs/>

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In accordance with federal guidance, when unusual circumstances prevent a student from being able to provide parental information on the Free Application for Federal Student Aid (FAFSA), financial aid counselors may exercise professional judgement, in very limited cases, to make a documented determination of independence.

| Unusual Circumstances include:  | Unusual Circumstances, alone or in combination, <u>do not</u> include:  |
|---|---|
| <ul style="list-style-type: none"> <li>Human trafficking, as described in the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7101 et seq.);</li> </ul>                     | <ul style="list-style-type: none"> <li>Parents refuse to contribute to the student's education.</li> </ul>                |
| <ul style="list-style-type: none"> <li>Legally granted refugee or asylum status</li> </ul>  | <ul style="list-style-type: none"> <li>Parents will not provide information for the FAFSA or verification.</li> </ul>     |
| <ul style="list-style-type: none"> <li>Parental abandonment or estrangement; or</li> </ul>  | <ul style="list-style-type: none"> <li>Parents do not claim the student as a dependent for income tax purposes</li> </ul> |
| <ul style="list-style-type: none"> <li>Student or parental incarceration</li> </ul>   | <ul style="list-style-type: none"> <li>Student demonstrates total self-sufficiency.</li> </ul>                            |
| <p style="text-align: center;">These conditions would also not disqualify a student from being a homeless unaccompanied youth or self-supporting and at risk of homelessness.</p> |   |

Students who meet the Unusual Circumstances criteria can complete the FAFSA form without providing parental information. In so doing, the applicant will receive an estimate of their financial aid eligibility. Requests for Unusual Circumstances can be submitted to the Office of Student Financial Services *after* filing your current year FAFSA. Students must also provide proper documentation for a final determination of dependency status and aid eligibility to be established. Documentation must be adequate to substantiate the student's circumstances. Documentation includes, but is not limited to, the items listed.

A final determination of dependency status and aid eligibility will generally be made within 14 working days after the Unusual Circumstance request and any required documentation have been received and reviewed. Submission of this request does not guarantee a change in dependency status or financial aid eligibility. The decision of the Financial Aid Appeals Committee (FAAC) regarding adjustments is final and cannot be appealed to the Department of Education.

Submit forms using the **Document Upload** feature on myUTH. All documents must be clear and legible. Emailed documents will only be accepted when received from the student's university email.

- ▶ Log on to myUTH > Upload Additional Documents > FA Unsolicited Documents > Choose Document type > Submit

### COMPLETE ALL SECTIONS

|   |                    |                      |                       |
|---|--------------------|----------------------|-----------------------|
| Student Last Name                         | Student First Name | M.I.                 | Student Program       |
| Student Street Address (include apt. no.) |                    | Student Phone Number |                       |
| City                                      | State              | Zip Code             | Student Email Address |

### INSTRUCTIONS

Unusual Circumstance requests must include the following, as applicable:

1. Personal Statement (signed/dated) that provides a detailed explanation of your circumstances including dates or a timeline and the reason you are requesting a dependency override. Include information regarding your present living situation and how you support yourself, as well as the extenuating circumstances that support your request for a dependency override. Be sure to describe the following:
  - The nature of your relationship with your parents;
  - The location of both parents, if living, and when you last had contact with them; and
  - The reason you cannot obtain information and/or support from your parents.
2. Declaration of Circumstances ([page 2 of this form](#))
3. Expenses and Resources Worksheet, if applicable ([page 3 of this form](#))
4. Supporting documentation related to your request and additional documentation, if requested

### CERTIFICATION AND SIGNATURE

**Signing below certifies that all of the information reported on this form is true and correct to the best of my knowledge and confirms my acknowledgement of the following:**

- I have read each section, provided the required documentation and I agree to provide additional documentation, if requested.
- Submitting this request will allow the Office of Student Financial Services the opportunity to review my circumstances and does not guarantee a change in dependency status or financial aid eligibility.
- The approval of an Unusual Circumstance appeal from a previous institution may not necessarily impact the decision of UTHealth or UTMDACC.
- I understand all requested documents must be submitted within 60 days of making an Unusual Circumstances request, any documents submitted become part of my confidential financial aid record and cannot be returned. Requests may be denied if the requested documentation is not provided within the 60-day timeframe.
- Requests are reviewed and processed as quickly as practicable, generally within 14 working days after submission. *Note: Processing time may be delayed during peak periods.*
- An aid administrator's decision regarding adjustments is final and cannot be appealed to the Department of Education.

\_\_\_\_\_  
Student Signature (*no electronic signatures accepted*)

\_\_\_\_\_  
Date

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**DECLARATION OF CIRCUMSTANCES**

Indicate by checking the circumstance(s) that apply to you.

| Check all that apply     | Unusual Circumstance   | Required Supporting Documentation   |
|--------------------------|--|---|
| <input type="checkbox"/> | <b>UNACCOMPANIED HOMELESS YOUTH or AT-RISK OF BECOMING HOMELESS YOUTH</b>  | <ul style="list-style-type: none"> <li>• Personal Statement</li> </ul> <p>AND at least <u>ONE</u> of the following:</p> <ul style="list-style-type: none"> <li>• A local educational agency homeless liaison (or designee), as designated by the <i>McKinney-Vento Homeless Assistance Act</i> (42 U.S.C. 11432(g)(1)(J)(ii)).</li> <li>• The director (or designee) of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness.</li> <li>• The director (or designee) of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant.</li> <li>• A financial aid administrator at another institution who documented the student's circumstance in the same or a prior award year.</li> <li>• A documented determination of independence made by a financial aid administrator at another institution in the same or a prior award year; or</li> <li>• A documented interview between the student and the financial aid administrator.</li> </ul>   |
|                          | <p><b>STUDENT or PARENT INCARCERATION*</b></p> <p><b>REFUGEE or ASLYEE</b></p> <p><b>VICTIM OF HUMAN TRAFFICKING</b></p> | <ul style="list-style-type: none"> <li>• Personal statement</li> </ul> <p>AND at least <u>ONE</u> of the following:</p> <ul style="list-style-type: none"> <li>• submission of a court order or official federal or state documentation that the student or student's parents or legal guardians are incarcerated;</li> <li>• a documented phone call or written statement, which confirms the unusual circumstances with:                             <ul style="list-style-type: none"> <li>○ a state, county or tribal welfare agency;</li> <li>○ an independent living case worker who supports current and former foster youth with the transition to adulthood; or</li> <li>○ a public or private agency, facility, or program servicing the victims of abuse, neglect, assault, or violence.</li> </ul> </li> <li>• a documented phone call or written statement from an attorney, guardian ad litem, a court-appointed special advocate (or similar), or a representative of a TRIO or GEAR UP program which confirms the circumstances and the person's relationship to the student.</li> </ul>  |
|                          | <b>PARENTAL ABDANDONMENT or ESTRANGEMENT</b>   | <ul style="list-style-type: none"> <li>• Personal statement</li> <li>• Expenses and Resources worksheet (attached)</li> </ul> <p>AND at least <u>TWO</u> of the following:</p> <ul style="list-style-type: none"> <li>• Court or law enforcement documents validating your situation (e.g., court order, police report; restraining or protection orders).</li> <li>• Documentation or statement from Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center or other program serving those experiencing homelessness.</li> <li>• Documentation or statement from local school district homeless liaisons, state homeless education coordinators or equivalent representatives (e.g., McKinney-Vento liaison, school counselor, National Center for Homeless Education, etc.).</li> <li>• Documentation or statement from <u>two unrelated parties</u> substantiating your situation (e.g., state, county, or tribal welfare agency; independent living case worker/social worker; agency assisting victims of abuse, neglect, assault or violence; Child Protective Services; Guardian ad Litem or a court-appointed special advocate, designee of a TRIO or GEAR UP program; counselor, clergy, physician or employer)</li> <li>• Utility bills, health insurance, or other documents that demonstrate a separation from parents or legal guardians.</li> </ul> |

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**EXPENSES AND RESOURCES WORKSHEET**

List below the monthly expenses and income resources used to meet those expenses.

\*Only required for applicants declaring Parental Abandonment or Estrangement

| Expenses                     |                |                 |
|------------------------------|----------------|-----------------|
| Home Expenses                | Monthly Amount | Income Resource |
| Mortgage/Rent                |                |                 |
| Water/Sewer/Trash            |                |                 |
| Gas                          |                |                 |
| Electricity                  |                |                 |
| Phone                        |                |                 |
| Internet/Cable               |                |                 |
| Daily Living/Health          |                |                 |
| Groceries                    |                |                 |
| Clothing                     |                |                 |
| Personal Expenses            |                |                 |
| Health Insurance             |                |                 |
| Transportation               |                |                 |
| Car                          |                |                 |
| Bus Fare                     |                |                 |
| Fuel                         |                |                 |
| Insurance                    |                |                 |
| Miscellaneous                |                |                 |
| List expense:<br>_____       |                |                 |
| <b>Total Monthly Amount:</b> |                |                 |

| Resources   |   |
|---|---|
| Answer the following questions  |   |
| 1. Were you claimed as a dependent on a 2024 Federal Income Tax Return other than your own? | <input type="checkbox"/> Yes Name of Person: _____<br>Relationship to you: _____<br><input type="checkbox"/> No |
| 2. Did anyone provide your health and/or dental insurance within the last year?             | <input type="checkbox"/> Yes Name of Person: _____<br>Relationship to you: _____<br><input type="checkbox"/> No |
| 3. Did anyone provide your auto insurance within the last year?                             | <input type="checkbox"/> Yes Name of Person: _____<br>Relationship to you: _____<br><input type="checkbox"/> No |
| 4. Did anyone provide you housing or rent within the last year?                             | <input type="checkbox"/> Yes Name of Person: _____<br>Relationship to you: _____<br><input type="checkbox"/> No |