



Office of Financial Aid  
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**2021 – 2022 FINANCIAL RECONSIDERATION FOR EFC - STUDENT**

**Deadlines:** Fall - November 15, 2021 and Spring - April 1, 2022

STUDENT'S NAME: \_\_\_\_\_ UHV ID# \_\_\_\_\_

Please Note: Prior to the review of this form and attached documentation, you must file a 2021-2022 Free Application for Federal Student Aid (FAFSA) or Texas Application for State Financial aid (TASFA). Documentation, such as letters from employers, doctors, unemployment office, pay stub etc., which supports the basis of your family's appeal must be submitted. If you do not submit documentation or leave sections of this form blank, the form will be returned as incomplete. **PLEASE ENTER ZERO IF THE AMOUNT IS ZERO.** Submission of this form will require your original FAFSA information be verified and adjustments made if there are any discrepancies.

You have notified this department that you (and/or your spouse) have special circumstances which have resulted in a reduction in resources for calendar year 2021. This reduction will affect your ability to contribute toward your educational expenses.

**The department will only consider reductions in income for the circumstances listed in Section 1 of this form. It is our policy not to consider a reduction in income for the following:**

- Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgages or school loan payments, car payments, legal expenses, other miscellaneous consumer item expenses).
- Families with reductions processed in the 2021-2022 academic year that grossly underestimated their 2019 income.
- One year bonus incomes such as lottery or gambling winnings.
- Reductions in overtime pay (this will be reflected on the following year's aid applications.)
- Reductions in income resulting from bankruptcy proceedings.
- Medical and Dental expenses that are not documented on your 2019 federal tax returns.

If the reason you are requesting a review is listed above, do not complete this form. If you are not certain whether or not your situation can be considered for a review, please contact our office at (361) 570-4125.

**Required Documentation for All requests:**

- Detailed narrative of the reason(s) for your request and Dependent/Independent V-1 Worksheet.
- Signed and dated copy of your (and spouse if applicable) 2019 tax return transcripts with all W2s/1099s
- Students who are required to provide parent information on the FAFSA or TASFA must also submit a signed and dated copy of parent(s) 2019 tax return transcripts with W2s/1099s.
- If parent(s) and/or student did not complete and will not complete a 2019 tax return, please write and sign a statement explaining the reason(s) you are not able to provide the documentation and submit a Low Income Statement form.

**Section I: DO YOU MEET ANY OF THESE CRITERIA? If so you MUST submit the required documentation listed.**

To determine if any adjustments can be made to your financial aid file, please complete the appropriate sections below and return this form with the applicable documentation.

- A.** Since you completed the 2021-2022 FAFSA or TASFA, you (or your spouse) have lost income/employment because of termination, layoff, disability, retirement, company closing, or plant shutdown.

- Name of person losing benefit: \_\_\_\_\_
- Relationship to student: \_\_\_\_\_
- Last date of employment: \_\_\_\_\_ Date expected to return to work: \_\_\_\_\_

**Additional Documentation Required:**

- Letter from previous employer(s) stating last date of employment and year-to-date earnings. If last date of employment was in 2019, year-to-date earnings are not required.
- Letter from current employer with employment start date, yearly salary, and year-to-date earnings on company letterhead.
- Most recent copy of year-to-date benefits statement for unemployment/disability.
- If applicable, a copy of your (or your spouse's) most recent pay stubs with year-to-date earnings clearly shown. If year-to-date earnings are not shown, submit a letter from his/her employer.

- B.** Since you completed the 2021-2022 FAFSA or TASFA, you (or your spouse) have lost some type of untaxed income or benefits. Untaxed income includes: workers compensation, child support, pensions and annuities, social security benefits.

- Name of person losing benefit: \_\_\_\_\_
- Relationship to student: \_\_\_\_\_
- Type of benefit: \_\_\_\_\_ Date lost : \_\_\_\_\_

**Additional Documentation Required:**

- Documentation supporting termination of benefit(s).
- List the amount of child support each child received in 2019 & 2020

- C.** Since you completed the 2021-2022 FAFSA or TASFA, you have divorced or separated from your spouse. Date of separation/divorce: \_\_\_\_\_

**Additional Documentation Required:**

- If separated, provide a notarized statement indicating the date of separation or a letter from your attorney. If divorced, provide divorce decree with date of divorce.

- D.** A spouse is now deceased, but his/her information was reported on the 2021-22 FAFSA or TASFA. Date deceased: \_\_\_\_\_

**Additional Documentation Required:**

- A copy of the death certificate or a dated published obituary notice.

- E.** You (or your spouse) have incurred excessive medical/dental expenses in 2019 due to the illness of a family member. **These expenses must be documented on your 2019 federal income tax return Schedule A.**

**MEDICAL EXPENSES** (medical, dental, nursing home expenses not covered by insurance)

- If condition requires ongoing treatment, how long is treatment expected to continue?  
\_\_\_\_\_
- What were your total medical expenses in the most recent 12 month period? \$ \_\_\_\_\_
- What is the total **not** covered by insurance or **not** reimbursed by a third party? \$ \_\_\_\_\_
- If condition requires ongoing treatment, what will be your monthly expenses? \$ \_\_\_\_\_

**Additional Documentation Required:**

- A copy of Schedule A from your 2019 tax return.
- All medical bills **after** insurance has paid.
- Itemized statement of future expenses.

- F. Since you completed the 2020-2021 FAFSA or TASFA, you are expecting the birth of a child or an addition to the household not included in the original FAFSA or TASFA information. **NOTE\* The child must be receiving at least 50% support from you in order to be included as your dependent. Support includes rent, food, electric, clothing, etc. If your income level does not show that you can support the child, additional information may be required, or the child may not be included as a dependent.**

**Additional Documentation Required:**

- A copy of the birth certificate or a signed and dated letter from attending physician giving current status and expected date of birth: or a detailed statement explaining the addition if not for the birth of a child.

- G. Roth IRA: This was claimed on the tax returns.

- Submit tax return transcript.

- H. Income Affected by Deployment or Return to College (for Reservist or National Guard)

**Additional Documentation Required:**

- Deployment orders
- Dates of your deployment
- The last 3 months of LES's (Leave and Earning Statements)

- I. Parent Refusal to Complete FAFSA or TASFA and Refusal to Support Student.

Note: In the event of a parent refusing to complete the parent part of the FAFSA or TASFA AND refusing to support a dependent student, a Financial Aid Specialist may deem the student eligible for an unsubsidized loan at dependent annual loan limits.

**Additional Documentation Required:**

- Submit a signed written statement from parent(s) stating that he/she is refusing to provide both support and information for the FAFSA or TASFA. If the parents refuse to sign and date, you may attach a signed written statement from another cognizant authority able to explain the situation. Include the date the support ended. The statement should be from an adult who has direct knowledge of the situation, or a professional from who you have sought assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc.

- J. Other: Your family circumstances are not reflected above or on the previous page. Please attach a **detailed** statement regarding your circumstances and provide supporting documentation. **Please make sure you have carefully reviewed all other options indicated.**

**I understand that any fees I may owe the university are due on the date specified, regardless of the status of my appeal.**

**Certification**

You must sign below certifying the accuracy of this information on this form. If you were required to provide parent information at least one parent must also sign this form. I (we) understand that purposely giving false or misleading information regarding eligibility for Federal or State aid may result in fines, jail terms or both. I (we) certify that all of the information on this form is complete and correct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Financial Aid Office Use Only:

\_\_\_\_\_ Approved \_\_\_\_\_ Denied Date: \_\_\_\_\_ F.A. Specialist: \_\_\_\_\_

Comments:

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State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.