

University of Houston-Victoria

Office of Financial Aid

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2024 – 2025 FINANCIAL RECONSIDERATION FOR SAI – PARENT **Deadlines:** Fall - November 15, 2024 and Spring - April 1, 2025

STUDENT'S NAME: _____ UHV ID# : _____

Please Note: Prior to the review of this form and attached documentation, you must file a 2024-2025 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 your parents have special circumstances which have resulted in a reduction in resources for calendar year 2024. This reduction will affect their 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 2024-2025 academic year that grossly underestimated their 2022 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 2022 federal tax returns.**

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 V1 Worksheet.
- Signed and dated copy of your 2022 tax return transcripts with all W2s/1099s
- A signed and dated copy of parent(s) 2022 tax return transcripts with W2s/1099s.
- If parent(s) and/or student did not complete and will not complete a 2022 tax return, please submit a Non-filer form and a Verification of Non-Filing letter from the IRS..

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 2024-25 FAFSA or TASFA, a parent has 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 2022, 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.
- A copy of your parent'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 2024-25 FAFSA or TASFA, your parent has 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).

C. Since you completed the 2024-25 FAFSA or TASFA, your parents have divorced or separated. Date of separation/divorce: _____

Additional Documentation Required:

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

D. A parent is now deceased, but his/her information was reported on the 2024-25 FAFSA or TASFA. Date deceased: _____

Additional Documentation Required:

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

E. Your parents have incurred excessive medical/dental expenses in 2022 due to the illness of a family member. **These expenses must be documented on your 2022 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 the monthly expenses not covered by insurance?
\$ _____

Additional Documentation Required:

- A copy of Schedule A from your parent’s 2022 tax return.
- All medical bills **after** insurance has paid.
- Itemized statement of future expenses.

F. Since you completed the 2024-2025 FAFSA or TASFA, your parents are expecting the birth of a child or an additional household member not included in the original FAFSA information.

NOTE* The child must be receiving at least 50% support from your parents in order to be included. Support includes rent, food, electric, clothing, etc. If your parents income level does not show that they can support the child, additional information may be required, or the child may not be included as a member of the household.

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 parent’s 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 deployment
- The last 3 months of LES’s (Leave and Earning Statements)

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

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

Section 2: Certification

You and your parent must sign below certifying the accuracy of this information on 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:

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.