

Special Circumstances Loss of Income Form 2027-2028

This form can be used to report changes that have occurred since filing the 2027-2028 Free Application for Federal Student Aid (FAFSA).

Student Information

myUTSA ID: _____ First Name: _____ Last Name: _____

Loss of Income Request

Check the reason(s) for the loss of income and attach the required documentation indicated below. *(Additional documentation may be requested)*

- ☐ **Loss of Parent, Student or Spouse Income** *(due to layoff, termination, or reduction of hours)*
- Submit documentation from former employer confirming loss of income, date of separation, and amount of severance pay.
 - Submit copy of last pay stub from previous job showing year to date earnings.
 - Submit copy of most recent pay stub from current job (if applicable).
 - Submit a printout of the Texas (or applicable state) Workforce Commission Claim and Payment statement.
 - Submit a copy of most recently filed tax return or tax transcript.
- ☐ **Loss of Unemployment Compensation or Workers' Compensation Benefits**
- Submit a printout of the Texas (or applicable state) Workforce Commission Claim and Payment statement. or
 - Submit letter from Bureau of Workers' Compensation stating start/end dates and benefit amount.
- ☐ **Death of Parent or Spouse**
- Submit copy of death certificate.
- ☐ **Divorce or Separation after FAFSA has been filed**
- Submit legal separation papers, verification from attorney, or divorce decree.
 - Submit documentation of any child support/alimony to be received per month.
- ☐ **A One-Time, Nonrecurring Income Received During 2025 Based on Financial Hardship**
- Submit documentation identifying the source of income, how the funds were spent, and the amount of any remaining funds.

Estimated Income

Enter the estimated changes of income from the following listing. *Do not leave any blank and instead enter "0" when necessary.*

\$ _____ **Estimated 2027 Gross Income earned from work for parent 1** (if dependent)

\$ _____ **Estimated 2027 Gross Income earned from work for parent 2** (if dependent)

\$ _____ **Estimated 2027 Gross Income earned from work for student**

\$ _____ **Estimated 2027 Gross Income earned from work by spouse of student** (if applicable)

\$ _____ **Estimated 2027 Gross Income from other taxable income** (interest, pensions, unemployment, severance, etc.)

\$ _____ **Estimated 2027 Gross Income from other untaxable income** (workers comp, housing allowance, etc.)

\$ _____ **Total** (add all the above amounts)

Letter of Explanation

You must provide a detailed, typed, and signed letter supporting your request above. Specify the date of the loss of income.

Acknowledgement & Certification

Your signature on this document confirms your acknowledgement of the following statements:

- The information submitted for review is true and correct to the best of your knowledge.
- Providing false information may result in reduced eligibility, repayment of aid, or both.
- Underestimating the projected income could result in reduced eligibility, repayment of aid, or both in this year or next.
- You have read each section, provided all required documentation from each step, and realize that more information may be required upon request.
- During peak seasons, processing times may be delayed.

Student Acknowledgement

Student Signature: _____ Date: _____

Parent Acknowledgement

If the student is a dependent, please include a signature from at least one parent.

Parent Signature: _____ Phone or Email: _____ Date: _____

Spouse Acknowledgement

If the student is independent and claiming loss for spouse, include a spouse signature.

Spouse Signature: _____ Phone or Email: _____ Date: _____

Submit this Form

Document Uploader

Once this form is completed, upload this form and any requested supplemental documents through the [Document Uploader](#) for processing. For every document uploaded, select the following fields on the Document Uploader:

- **Department:** Select "Financial Aid & Scholarships"
- **Term:** Select applicable aid year
- **Category:** Select "Special Circumstances Form"
- **Category 2:** Select "Loss of Income"
- **Document:** Select "Loss of Income"

Alternatively, documents can also be submitted in-person at our [One Stop Enrollment Center](#) on the Main or Downtown campus. Documents submitted by fax or email will not be accepted.

Disclaimer: With a few exceptions, you are entitled on your request to be informed about the information UT San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.