@ | | UTSA ID

Student's Last Name

Student's First Name

2011-2012 UTSA Parents Additional Expense Form

Office of Student Financial Aid and Enrollment Services (SFAES)
University of Texas at San Antonio, One UTSA Circle, San Antonio, Texas 78249-0687
1-800-669-0919 financialaid@utsa.edu www.utsa.edu/financialaid

DOCUMENTATION SUBMITTED BY FAX OR EMAIL WILL NOT BE ACCEPTED

Your Expected Family Contribution (EFC) has been determined from the income and asset information that you provided on the FAFSA. However, there may be unusual expenses that have not been factored into the general EFC calculation. For circumstances such as these, the Office of Student Financial Aid and Enrollment Services (SFAES) may be able to make adjustments for a more accurate calculation of your EFC. Please select from one of the following options if you have expenses that we may not have included or are of an extraordinary nature and submit the requested information.

Instructions for completing this form:

- Attach a typed letter explaining your particular situation.
- Check one of the following conditions below and provide all requested documentation as required per condition.
- Submit your and your parents' signed 2010 federal tax forms.
  Non-tax files will still need to submit copies of all W2 forms for 2010.

Please submit all documents at the same time, and write your student's name and your student's ID at the top of every document. Documentation may be submitted in person at the SFAES counter, via U.S. mail, or at our drop box location.

CHECK THE BOX FOR THE EXPENSE(S) YOU ARE REQUESTING AND ATTACH THE ADDITIONAL REQUIRED DOCUMENTATION PER SITUATION

☐ **PRIVATE SCHOOL TUITION EXPENSES:**

- Attach a copy of receipt or bill indicating the amount paid monthly for private tuition costs for children in elementary through secondary grades. If the receipt or bill does not indicate any of the school's information, please provide confirmation of tuition on the schools letterhead with the contact information of school.
  Note: *In your letter of explanation, include the names and ages of children.*

☐ **EXTENDED FAMILY SUPPORT:**

Financial support to relatives that have not already been counted as members of your household may be considered.

- In your letter of explanation, detail the type of support and dollar amount you will be contributing during the current school year. Also include the names and relationships of the extended family members and from what source you will finance this support.
- Provide documentation to support the explanation in the letter.

☐ **UNUSUAL DEBTS:**

Only non-discretionary expenses can be considered. Unusual debts can include but are not limited to expenses from failed businesses, education loans, non-discretionary personal debts, card debts for living expenses due to unemployment **(does not include credit card debts used for recreational purposes)**, and legal fees for divorce or adoption.

- Include photocopies of paid receipts or canceled checks (NOT BILLS) incurred since the first day of the Fall semester (for those beginning enrollment in the Fall) or the first day of the Spring semester (for those beginning in the Spring). **This circumstance will not be reviewed if the expense occurred before the first day of the semester in which you want the increase to be considered.**

☐ **UNUSUAL MEDICAL/DENTAL/OPTICAL EXPENSES:**

- Attach photocopies of paid receipts for medical bills incurred since the first day of the Fall semester (for those beginning enrollment in the Fall) or the first day of the Spring semester (for those beginning in the Spring **This circumstance will not be reviewed if the expense occurred before the first day of the semester in which you want the increase to be considered.**
  Note: ***Explanation of benefits from your insurance company will not be considered as proof of payment.***

OFFICE USE ONLY

Date Received in SFAES: _____

Entered on RRAAREQ by: _____

Processed by: _____

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UTSA ID

Student's Last Name

Student's First Name

❑ **OTHER EXPENSES:**

- Attach photocopies of paid receipts for bills incurred since the first day of the Fall semester (for those beginning enrollment in the Fall) or the first day of the Spring semester (for those beginning in the Spring) for other additional expenses not included in the above categories. Please provide any additional details of your circumstance in the letter of explanation. **This circumstance will not be reviewed if the expense occurred before the first day of the semester in which you want the increase to be considered.**

Section 2: FAMILY INFORMATION - Write the names of all family or household members below. List the people that you and/or your parents will support between July 1, 2011 and June 30, 2012. Include yourself, your parents if dependent (or spouse if applicable), any children or other people that your parents (if dependent) or you (if independent) will provide more than half of their support between July 1, 2011 and June 30, 2011. Also write in the name of the college for any family member, excluding your parent(s), who will be attending college, at least half-time between July 1, 2011 and June 30, 2012.

Full Name	**Age**	**Relationship**	**College**
		Self	*UTSA*

Section 3: 2010 INCOME CHART

Report annual (not monthly) amounts for the respective periods 01/01/10 – 12/31/10.	Jan 1, 2010 to Dec 31, 2010
Income earned from work by father/stepfather (if filing as a dependent)	$
Income earned from work by mother/stepmother (if filing as a dependent)	$
Income earned from work by student	$
Income earned from work by spouse of student (if applicable)	$
Child Support received	$
Other taxable income (interest, pensions, Unemployment benefits, severance, etc.) **Source(s): _____** **Recipient(s):**	$
Other untaxed income (Social Security, Welfare, worker's comp., housing allowance, etc.) **Source(s)s: _____** **Recipient(s):**	$
TOTAL INCOME	$

Section 4: COMPLETE CERTIFICATION STATEMENT

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

- You have read each section and have provided the required documentation that is true and correct to the best of your knowledge.
- Underestimating the projected income could result in reduced eligibility, repayment of aid, or both, in this year or next year.
- Changes resulting from this review do not guarantee an increase in aid.
- During peak processing times, there may be a 5-7 business day processing time for the request.
- Additional documentation may be required and updates will be e-mailed to the student's preferred e-mail account.

_____ _____ (____)_____ _____
Student Signature | Date | Daytime Phone # | Student Email

_____ _____ (____)_____ _____
Father/Stepfather Signature (if filing dependent) | Date | Parent Daytime Phone # | Parent Email

_____ _____ (____)_____ _____
Mother/Stepmother Signature (if filing dependent) | Date | Parent Daytime Phone # | Parent Email

OFFICE USE ONLY
Date Received in SFAES: _____
Entered on RRAAREQ by: _____
Processed by: _____