

**2019-2020 Income Reduction due to  
Unusually Large Medical/Dental Expenses**  
**Deadline: April 17, 2020**

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Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_ ID: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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**PLEASE SUBMIT ALL OF THE FOLLOWING:**

1. Please attach ½ page letter describing your medical hardship and include your doctor's medical diagnosis and dates of illness, injury, type of medical insurance, deductibles, copays, etc.
2. These bills should indicate the amount, if any, insurance policy and/or the amount of money paid out of your own (or parent's own) pocket. Provide cancelled checks made out to the medical provider or account statements from medical bills, prescriptions, dental expenses, lab work etc. Insurance premiums paid by student, spouse or parents not reimbursed by employer or insurance settlement.
3. **Income Tax Returns and IRS Transcripts plus Tax Schedules:** Year 2017; Other \_\_\_\_\_  
(Submit signed copies of the student's and spouse / parents' as applicable).
4. **Other:**

\_\_\_\_\_  
\_\_\_\_\_

## STATEMENT OF EXPENSES

Unusual Medical and/or Dental Expenses incurred and paid out of pocket during 2017 in the amount above \$2000.00 by:

- A. An independent student for self/spouse or child;
- B. A dependent student's parents for self, dependent student or siblings.

1. What was the amount paid for medical or dental insurance premiums in 2017, excluding employer's contribution? \$ _____
Provide paycheck stub as proof of contributions.
2. What was the amount of medical or dental bills YOU (parent or independent student) paid and amount was not covered by insurance for 2017? \$ _____
Provide doctor's payment statements, cancelled checks, etc
3. Was your un-reimbursed medical /dental expenses lower, the same, or higher for 2018?
Explain the reason for this:
4. What financial sources will you use to finance these expenses?

The Financial Aid Office reserves the right to request additional information if deemed necessary. You are required to notify and provide the information to our office of any changes in your income after this file is reviewed. Failure to do so may impair your future financial aid.

**Please submit your paperwork to U Central locations listed below or you may electronically upload your documents at <https://enrollment.utrgv.edu/documentcentral/Auth/login.aspx>**

<b>The Tower, Main 1.100</b> <b>One West University Blvd.</b> <b>Brownsville, Texas 78520</b> <b>Ph: (888) 882-4026</b> <b>Fax: (956) 882-8229</b>	<b>Visitors Center 1.113</b> <b>1201 West University Drive</b> <b>Edinburg, Texas 78539</b> <b>Ph: (888) 882-4026</b> <b>Fax: (956) 665-2392</b>
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I (We) certify the above information is true and correct according to the income information reported on my (our) 2017 Federal Income Tax Return. I (We) also certify if this information or situation changes, I (we) will notify the Financial Aid Office and provide the information required. Failure to do so may impair my future financial aid.

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent (If Dependent):** \_\_\_\_\_

**Date:** \_\_\_\_\_