PJIR



2019-2020 Income Reduction due to Unusually Large Medical/Dental Expenses

Deadline: April 17, 2020

Student First Na	ame: ID:	
DOB:/	/ Primary Phone #: () Secondary Phone #: ()	
PLEASE SUBM	IT ALL OF THE FOLLOWING:	
1.	Please attach $\frac{1}{2}$ 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:	
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PJIR

STATEMENT OF EXPENSES

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

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

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? \$	1. What was the amount paid for medical or dental insura	nce premiums in 2017, excluding employer's
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paid and amount was not covered by insurance for 2017? \$	Provide paycheck stub as proof of contributions.	
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 attps://enrollment.utrgv.edu/documentcentral/Auth/login.aspx The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Ph: (888) 882-4026 Fax: (956) 882-8229 The Tower of this information reported on my (our) 2017 Federal Income Tax Return. I (We) also or 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. Student: Date: Date: Date:	2. What was the amount of medical or dental bills YOU (pa	rent or independent student)
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Parent (If Dependent): Date:	One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229 (We) certify the above information is true and correct according to the income information.	Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392 ormation reported on my (our) 2017 Federal Income Tax Return. I (We) also cert
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