

UHD ID:

Student's First Name:

Last Name:

REVIEW OF FINANCIAL HARDSHIP DUE TO NATURAL DISASTER

This review is for students whose financial circumstances have been adversely affected due to a natural disaster. If you have not already filed the 2017-18 FAFSA, please do so at www.fafsa.gov. UHD's school code is 003612. Please note, not all reviews will result in additional aid. Financial aid can only be utilized for educational expenses. You will be notified of the decision via your Gatormail upon review. Please complete information outlined below.

Indicate the semester you intend to return to school:

Do you currently have a FAFSA on file with UHD? Yes No

If the institution has questions, the best telephone or email to contact you is:

Are you living in emergency or transitional housing due to the natural disaster? Yes No

Describe the impact of the natural disaster on you and/or your immediate family:

Were there unexpected expenses incurred as a result of the natural disaster? Yes No

➤ If yes, please provide a brief explanation of costs incurred. Please attach a copy of the receipts/quote for services to be rendered.

Return Form to:
Scholarships and Financial Aid
1 Main Street, Suite S330
Houston, TX 77066

sfastudentsupport@uhd.edu

UHD ID: _____ Student's First Name: _____ Last Name: _____

Was there loss of employment or reduction of income due to the natural disaster? Yes No

➤ If yes, please provide the following information:

Name of person(s) who experienced loss of employment or reduction of income:

Relationship to student: Self Parent/Step-parent (s) Spouse

Answer the following for the person(s) with a loss of employment or a reduction of income.

Last Date of Employment: _____ Employment Status: Full-time Part-time

How long do you anticipate you will be unemployed? months Unknown

Income for : \$ Twelve (12) month estimated or actual total income from January 1-December 31
(Year)

Unemployment Benefits: \$ (yearly amount) *Attach documentation of unemployment benefits*
 Documentation unavailable

➤ **Attach supporting documentation.** This includes but is not limited to pictures, reports from the Federal Emergency Management Agency (FEMA), and letters from providers of emergency/transitional housing.

REQUIRED SIGNATURES

The information provided above is true and accurate to the best of my knowledge. I understand I may be asked for additional documentation to support my request.

Student Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____
(Required if a dependent student for aid)

Financial Aid Office Use:

Return Form to:
Scholarships and Financial Aid
1 Main Street, Suite S330
Houston, TX 77002

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