

2019-2020 Special Circumstance Appeal

At times families may have special circumstances which may require recalculating their financial aid eligibility based on estimated 2018 or 2019 information. Read the form entirely and make sure you provide all required documentation. All student requesting a Special Circumstance will be **selected for verification** and submission of this appeal does not guarantee approval. Please be advised, if approved, appeal requests are granted on a one-time, case-by-case basis. All appeal decisions are final.

Last Name	First Name	HU ID
Address (include apt. no)	City	State Zip
		Contact Number

Section I: Instructions

1. In Section II, check **only one** situation for which you are requesting a special circumstance review.
2. **All appeals require a typed and signed** one-page explanation of your situation. In the letter, indicate which tax year you want us to consider: 2018 or 2019 tax year.
3. Attach all required documentation for the specific request.
4. **Complete the 2019-2020 Verification Worksheet:** Dependent or Independent Verification Worksheet, as applicable
 - a. Dependent students: attach W-2s for you and your parents, include Schedule(s) C, if applicable
 - b. Independent student: attach W-2s for you and your spouse (if applicable), Include Schedule(s) C, if applicable
5. Submit all documentation to the Office of Financial Aid. **Appeals without all required documentation will be denied.**

Section II: Special Circumstance Situation

<input type="checkbox"/> Unemployment beginning on or after January 1, 2018. Please indicate dates of employment: _____ This includes termination or layoff from job, a significant reduction in work hours or income that were not self-initiated, or retirement. This does not include quitting a job, requesting reduced hours at work, etc. <ul style="list-style-type: none"> ▪ Required documentation: (1) signed and dated Employer Letter (on company letterhead) listing the following: last date of employment and total earnings from January 1 to last of employment in the same year; (2) copy of last pay stub; and (3) copy of severance/benefits/unemployment compensation eligibility.
<input type="checkbox"/> Unexpected medical, dental, or natural disaster expenses. These expenses include unexpected expenses incurred in 2018 or 2019 that are not covered by health and/or dental insurance. This excludes voluntary procedures. <ul style="list-style-type: none"> ▪ Required documentation: (1) receipts of all expenses paid-in-full, unpaid bills will not suffice. <p>Enter total amount not covered by insurance: \$ _____ Select the year of occurrence: _____</p>
<input type="checkbox"/> Loss of 2018 or 2019 Benefit Income, Other than Employment. This includes loss of Social Security, TANF, Child Support, One-time income such as IRA or pension distribution, inheritance or any other untaxed income. <ul style="list-style-type: none"> ▪ Required Documentation: (1) documentation of termination of benefits from benefit provider. Examples include Social Security Administration, Department of Social Services, divorce decree, court order, etc. <p>List benefit or untaxed source of income: _____ Date of benefit/income loss: _____</p>
<input type="checkbox"/> Separation/Divorce/Death of (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <ul style="list-style-type: none"> ▪ Required documentation: copy of separation agreement, divorce decree, or substation evidence (mortgage/lease information) proving parent/spouse is residing in separate residence; OR death certificate; OR official separation papers. Parties in question who are living in the same household will not be considered
<input type="checkbox"/> Elementary/Secondary Educational Tuition, Dependent Care, and Extended Family Support Expenses. This includes necessary private school tuition (attendance must be continual throughout 2018-2019). Elder/dependent care, or other family expenses incurred due to health/medical impairment. <ul style="list-style-type: none"> ▪ Required documentation: (1) Copies of checks/receipts of payment for 2018 or 2019 indicating amount and to which institution; (2) For Health Support, need statement from doctor/health provider on official letterhead verifying that care is required.

For Office Use Only:
Received by: _____ Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending FAA Initials: _____ Date: _____



Section III: Project Income Worksheet for 2018 or 2019 (check one)

- Estimated amounts that will be received from January 1st through December 31st.
- Attach legible documentation for all income listed below.

EMPLOYMENT INCOME

	Income Received by:	Source of Income: (company name, etc.)	Actual Income Earned to Date:	Estimated Income to be Earned:	Total Year's Income
Dependent Student	Father				
	Mother				
Independent Student	Student				
	Spouse				
Subtotal Employment Income:					

OTHER TAXABLE INCOME

	Income Received by:	Unemployment	Pension/Annuity	Soc. Security/SSI	Other
Dependent Student	Father				
	Mother				
Independent Student	Student				
	Spouse				
Subtotal Other Taxable Income:					

OTHER UNTAXABLE INCOME

	Income Received by:	Unemployment	Pension/Annuity	Soc. Security/SSI	Other
Dependent Student	Father				
	Mother				
Independent Student	Student				
	Spouse				
Subtotal Other Untaxable Income:					

Section IV: Certification Statement

I certify that the information I have provided is accurate and complete, and I understand that any false information may be cause for denial, reduction, and/or immediate repayment of all aid. I understand that purposely submitting false or misleading information on this worksheet may lead to fines, sentencing to jail, or both.

Student Signature

Date

Parent Signature (Dependent Students Only)

Date

For Office Use Only:

Received by: _____

Date: _____

Approved

Denied

Pending

FAA Initials: _____

Date: _____