



FINANCIAL AID OFFICE Special Circumstance Appeal – 2020-2021

****Submitting this appeal will automatically select you for the [verification process](#). Your FAFSA will be reviewed for accuracy prior to your special circumstance being considered.****

Student's Name: _____
Last First MI

UH ID Number: _____ Phone: _____

If the income information that you provided on the 2020-2021 Free Application for Federal Student Aid (FAFSA) does not reflect your/your family's current financial situation due to an extenuating circumstance (e.g. divorce, loss of employment, etc.), we will consider your special circumstance(s) based upon the information on this form and the supporting documentation provided.

The circumstance(s) outlined in this appeal apply to: Myself Spouse Parent(s)
The circumstance(s) outlined in this appeal are related to: Reduction/loss of income Medical Expense Other: _____

SECTION A – REDUCTION/LOSS OF INCOME (Supporting documentation required. E.g., termination letter, unemployment benefits statement, death certificate, etc.)

Explain when and why the change of income occurred. Attach a separate sheet if necessary.

If the reduction/loss of income is temporary, please provide expected duration of circumstances:
From _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

SECTION B – MEDICAL EXPENSE (Supporting documentation required. E.g., employer statement that medical situation resulted in reduction/loss of employment and expected duration, or Worker’s Compensation determination, in conjunction with doctor/hospital reports.)

Describe medical expense/situation. Attach a separate sheet if necessary.

Medical expense must have been paid for by you (the student), your spouse, or a parent (if dependent). Acceptable medical expenses only include those not covered by insurance and for which no reimbursement will be received.

SECTION C – OTHER (Supporting documentation required.)

Please explain other special circumstance(s) in detail below. Attach a separate sheet if necessary.

SECTION D - EXPECTED INCOME FOR APPLICABLE YEAR

- 1) Please provide a signed statement projecting your expected income for the year affected by your special circumstance(s) and specify how you will be supported financially. If you and/or your parents are married, please include spouse’s income.
- 2) Please provide documentation, including, but not limited to:
 - a. W-2’s or most current paystub with year-to-date earning amounts.
 - b. Tax return transcript (if taxes were filed) or statement of hourly rate of pay and hours worked per week, or salary amount per month.
 - c. Documentation of additional income such as unemployment compensation, pensions, worker’s compensation, social security benefits, child support received, veteran’s benefits, etc.

*By my signature, I certify that the information provided is true and accurate to the best of my knowledge. I understand that by submitting this form I will be selected for verification and my appeal will not be reviewed until verification is complete. **I understand my appeal may be DENIED if my statement and supporting documentation provide insufficient information.** I understand that the Financial Aid Office’s decision is final and cannot be appealed further.*

 Student’s Signature Date Spouse’s Signature Date

 Parent 1’s Signature Date Parent 2’s Signature Date

FINANCIAL AID OFFICE USE ONLY

Reviewed by: _____ Date: _____ Decision: Approved Denied
 Comments: _____