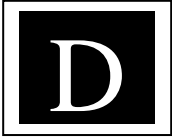


**Howard University**  
**Office of Financial Aid, Scholarships and Student Employment**  
**2400 Sixth Street, N.W., Suite 205, Washington, DC 20059**



**SPECIAL CIRCUMSTANCES APPEAL**  
**Dependent Students**

**DIRECTIONS: Submission of this appeal does not guarantee approval. Incomplete appeals will be returned.** As a dependent student, you may only appeal your financial aid eligibility based on changes in your parents' circumstances that have reduced their ability to contribute financial support for your educational costs. Complete and submit all appeal documentation to the Special Circumstances Committee, the Office of Financial Aid, Scholarships and Student Employment, at the location listed above. We will make every effort to reply to your appeal within 20 business days. Replies may take longer during peak processing times. **The appeal deadline for Fall term is November 1, 2006 and March 17, 2007 for Spring term.**

**SECTION 1: REASON FOR APPEAL**

**Indicate which of the following statements describes the reason for your appeal:**

Significant reduction in parental income from 2005 to 2006 due to (select one from below):

- legal separation, divorce, or death
- loss of employment
- loss of taxed or untaxed income or benefit
- one-time income, divorce or death

Unusual or unexpected expenses not covered by another agency for (select one from below):

- paid medical care expenses above typical health maintenance
- tuition expenses for elementary or secondary education

Other circumstances

If your situation is not described above, but you feel it warrants special consideration, complete **SECTIONS 1, 2, and 3 ONLY** of this form. Attach a detailed letter of explanation along with supporting documentation (e.g., copies of your parents' and your own 2005 federal tax return(s), including W-2 forms).

**SECTION 2: STUDENT INFORMATION**

\_\_\_\_\_  
 Name (Last, First, MI)

\_\_\_\_\_  
 HU ID Number

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Address (Street or P.O. Box Number)

\_\_\_\_\_  
 Address (City, State, Zip Code)

\_\_\_\_\_  
 Telephone Number (include area code)

\_\_\_\_\_  
 Email Address

List all family members included on your Free Application for Federal Student Aid (FAFSA). List the name of the school for any family member attending at least one (1) semester, and enrolled at least half-time. Include enrollment at Howard University. If more space is needed, attach a separate sheet of paper.

Family Members in Household	Age	Relationship	School

### SECTION 3: STUDENT AND PARENTAL CERTIFICATION

To the best of our knowledge, the information in this appeal is true. We understand that misrepresentation of facts in connection with this appeal, whenever discovered, may be sufficient cause, in and of itself, for cancellation and repayment of financial aid. We understand that parents' and student's federal tax returns will be used to verify the current financial aid application information and that the student will be selected for institutional verification.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### SECTION 4: INCOME REDUCTION FROM 2005 TO 2006

Read carefully each description of the special circumstances for changes in income. Documentation of your situation is required. Use the required documentation checklist to be sure you have gathered all of the required information.

#### Part A. Reduction in wages due to loss of employment: Also complete Part E.

A parent earned money in 2005 and has had a reduction in hours, or has lost employment for at least 10 weeks in 2006. **Ten weeks of non employment or reduction in hours must have passed prior to your submission of this appeal for either circumstance.**

#### Required Documentation: Checklist:

- A personal statement written and signed by your parents explaining their situation, including the last working date, any severance pay, unemployment income and future income estimates
- Copies of your parents' and your own 2005 federal tax return(s), including all schedules and W-2 forms
- A copy of the notice of separation or letter from parents' employer showing employment status, date of termination or hour reduction, and year-to-date gross earnings for 2006
- A statement from your parents' current/future employer, if any, reporting expected estimated earnings for the rest of 2006
- Documents that show amounts and dates related to unemployment compensation, severance pay, vacation payout or retirement benefits, such as check stubs, termination papers, or contracts

**Part B. Loss of unemployment compensation, taxed or untaxed income, or a benefit: Also complete Part E.**

A parent received unemployment compensation, or another taxed or untaxed income or benefit in 2005, and has completely lost that income or benefit for at least 10 weeks in 2006. **Ten weeks without compensation must have passed prior to your submission of this appeal.** The untaxed income or benefit must be from a public or private agency, a company, or from a person, due to court order. Income and benefits include: Social Security benefits, Supplemental Security Income (SSI), child support, untaxed retirement or disability benefits, welfare benefits, and Aid to Families with Dependent Children (AFDC or ADC).

**Required Documentation Checklist:**

- A personal statement written and signed by your parents explaining their situation, including information on the type of benefit that was lost (Report the amount of that benefit received in **both** 2005 and 2006)
- Copies of your parents' and your own 2005 federal tax return(s), including all schedules and W-2 forms
- A copy of the termination notice from the granting agency/company, a court order, or a document from a case worker

**Part C. One-time income: Also complete Part E.**

Your parents received a one-time income in 2005 that will not occur in 2006 (e.g., moving expense allowance, back-year social security payments, or a divorce settlement). Special circumstance consideration **will not** be given if this one-time income is a result of an inheritance, pension, IRA, capitol gain, early distributions or insurance settlements.

**Required Documentation Checklist:**

- A personal statement written and signed by parents explaining their situation, including the source of the one-time income, the amount, the date of occurrence, and how the funds were used.
- Copies of your parents' and your own 2005 federal tax return(s), including all schedules and W-2 forms
- Documentation from an employer, the court, or agency to support your parents' written statement

**Part D. Separation, divorce, or death.**

You have already filed your annual Free Application for Federal Student Aid (FAFSA), and since that time, your parents have become separated, divorced, or a parent has died.

**Required Documentation Checklist:**

- A personal statement written and signed by a parent explaining the parents' situation, including the date of this change
- In the case of the death of a parent, include a copy of the death certificate, an explanation of life insurance proceeds, and funeral costs
- Copies of your parents' and your own 2005 federal tax return(s), including all schedules
- Copies of 2005 W-2 forms to separate the earned income of your parents
- The current address of each parent in the case of divorce or separation
- A copy of the legal separation papers or divorce decree
- If no legal separation exists, provide evidence of separate living accommodations such as rental/lease agreements, mortgage papers, or copies of utility bills from each parent

**Part E. Income information supplement for Income Reduction Appeals. (Complete separate forms)**

If you have requested an appeal based on a reduction of parental income from 2005 to 2006, the section below must be completed with the best projected income data available for 2006. **The income information you provide below requires you to provide additional documentation that supports your estimates.** Report **gross** income for each month that has passed and estimate their income for the remaining months of 2006. Round off figures to the nearest dollar. If there is no income for a particular item or month, write in "0." Do not leave the space blank.

Month	Father	AFDC/ADC	Child Support	Social Security	Other Taxable Income	Other Non-taxable Income	TOTAL
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

**Part E. Income information supplement for Income Reduction Appeals. (Complete separate forms)**

If you have requested an appeal based on a reduction of parental income from 2005 to 2006, the section below must be completed with the best projected income data available for 2006. **The income information you provide below requires you to provide additional documentation that supports your estimates.** Report **gross** income for each month that has passed and estimate their income for the remaining months of 2006. Round off figures to the nearest dollar. If there is no income for a particular item or month, write in "0." Do not leave the space blank.

Month	Mother	AFDC/ADC	Child Support	Social Security	Other Taxable Income	Other Non-taxable Income	TOTAL
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

**SECTION 5: UNUSUAL MEDICAL CARE EXPENSES OR EDUCATIONAL COSTS.**

Read carefully each description of the special circumstances for changes in income. Documentation of your situation is required. Use the required documentation checklist to be sure you have gathered all of the required information.

**Part A. Unusual medical care expenses**

**We will only consider expenses already paid directly by the family.**

**Please note:** The payment of insurance premiums, regular health maintenance, and routine expenses such as eyeglasses, birth control prescriptions, and elective or cosmetic procedures (e.g., orthodontic braces) are not considered unusual medical expenses and will not be considered for your Special Circumstances Appeal.

**Unexpected/non-recurring medical expenses**—Your parents have paid for unusual or unexpected medical expenses for a member of your household that was not reimbursed. These expenses are over and above typical health maintenance due to an unexpected, extraordinary, non-recurring emergency or incident. Financial Aid assumes that you and your family members will have insurance coverage. Only those costs not covered by insurance or another agency may be considered. These expenses must be at least \$1,000 or 7.5 percent of your parents' adjusted gross income, whichever is less.

**Medical expenses due to a disability**—If a member of your family has medical expenses due to a chronic disability, these costs may be considered in your financial aid eligibility. Disability related costs are those expenses attributable to maintaining a chronic illness or condition that is not due to an unexpected incident or emergency. If the disabled student attends Howard University, contact Disability Services, Howard Center, Room 725 for availability of additional services.

**Required Documentation Checklist:**

- A personal statement written and signed by your parents explaining their situation including the date and nature of the incident or emergency occurrence, and total amount of expenses not reimbursed that your parents paid in 2005 and 2006
- A statement from a physician that documents an unusual medical condition or disability
- Copies of your parents' and your own 2005 federal tax return(s), including all schedules and W-2 forms
- Copies of receipts for all paid bills, clearly marked to show portions that are both covered and not covered by insurance or another agency (such as Medical Assistance)

**Part B. Elementary and secondary educational costs**

Your parents pay elementary or secondary education expenses for a member of your family during the 2006-2007 academic year. Only expenses not covered or reimbursed by another agency/source will be considered. The expenses must be incurred during the current Howard University academic year.

**Required Documentation Checklist:**

- A personal statement written and signed by your parents explaining their situation, including dependent's name and age
- Copies of your parents' and your own 2005 federal tax return(s), including all schedules and W-2 forms
- A statement or copy of the contract from the school on the school's letterhead with a signature, including whether or not any scholarships subsidize the tuition, and if so, the amount, term start and end dates, name of child(ren) in attendance, and tuition cost for each child