SPECIAL CIRCUMSTANCES APPEAL
Independent Students

DIRECTIONS—Submission of this appeal does not guarantee approval. Incomplete appeals will be returned. As an independent student, you may only appeal your financial aid eligibility based on changes in you or your spouse’s circumstances that have reduced your 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 is October 31, 2005 for Fall 2005 and March 17, 2006 for the Spring term.

SECTION 1: REASON FOR APPEAL

Check the following statements which best describes the reason for your appeal:

- [ ] Significant reduction in student/spouse income from 2004 to 2005 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

- [ ] Unusual or unexpected expenses not covered by another agency for (select one from below):
  - [ ] paid medical care expenses
  - [ ] 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 spouse’s and your own 2004 federal tax return(s), including W-2 forms).

SECTION 2: BACKGROUND INFORMATION

<table>
<thead>
<tr>
<th>Name of Student (last, first, middle initial)</th>
<th>Howard University ID Number</th>
<th>Social security number</th>
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Address (Street or P.O. Box, Apartment number, City, State, Zip) Telephone number (include area code)

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.

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<th>Family Members in Household</th>
<th>Age</th>
<th>Relationship</th>
<th>School</th>
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SECTION 3: STUDENT 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 cancellations and repayment of financial aid. We understand that student’s and spouse’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.

<table>
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<tr>
<th>Signature of Student</th>
<th>Email address</th>
<th>Date</th>
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<th>Signature of Spouse</th>
<th>Date</th>
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SECTION 4: INCOME REDUCTION FROM 2003 TO 2004

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.

You and/or your spouse earned money in 2004 and have had a reduction in hours, or have lost employment for at least 10 weeks in 2005. **Ten weeks of non employment or reduction in hours must have passed prior to your submission of this appeal for either circumstance.** Appeals submitted prior to the ten week period will be returned.

Required Documentation Checklist:

- A written and signed personal statement explaining your situation, including last working date, any severance pay, unemployment income and future income estimates
- A copy of your (and your spouse's) 2004 federal tax return(s), including all schedules and W-2 forms
- A copy of the notice of separation or letter from your employer(s) showing employment status, date of termination or hour reduction, year-to-date gross earnings, and whether severance benefits were received and if so, the amount
- A statement from your current/future employer, if any, reporting expected estimated earnings for the rest of 2005
- 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.

You and/or your spouse received unemployment compensation or another taxed or untaxed income or benefit in 2004, and have completely lost that income or benefit for at least 10 weeks in 2005. **Ten weeks without compensation must have passed prior to your submission of this appeal.** Appeals submitted prior to the ten week period will be returned. The untaxed income or benefit must be from a public or private agency, a company, or from a person, due to court order. (Do not include loss of veterans benefits.) 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 written and signed personal statement explaining your situation, including information on the type of benefit that was lost (Report the amount of that benefit received in both 2004 and 2005)
- A copy of your (and your spouse's) 2004 federal tax return(s), including all schedules and W-2 forms
- A copy of the termination notice from the granting agency/company, court order, or document from the case worker

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

You and/or your spouse received a one-time income in 2004 that will not occur in 2005 (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, capital gain, early distributions or insurance settlements.

Required Documentation Checklist:

- A written and signed personal statement explaining your situation, including the source of the one-time income, the amount, the date of occurrence, and how the funds were used
- A copy of your (and your spouse's) 2004 federal tax return(s), including all schedules and W-2 forms
- Documentation from an employer, the court, or agency to support your 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, you have become separated or divorced, or your spouse has died.

**Required Documentation Checklist:**
- A written and signed personal statement explaining your situation, including the date of this change
- In the case of death, include a copy of the death certificate, an explanation of life insurance proceeds, and funeral costs
- A copy of your (and your spouse's) 2004 federal tax return(s), including all schedules
- Copies of 2004 W-2 forms to separate the earned income of you and your spouse
- Documentation that verifies your former spouse's current address 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 for separate residences

**Part E. Income information supplement for income reduction appeals.**

If you have requested an appeal based on a reduction of income from 2004 to 2005, the section below must be completed with the best projected income data available for 2005. **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 your income for the remaining months of 2005. 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.

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<th>Month</th>
<th>Student</th>
<th>Spouse</th>
<th>AFDC/ADC</th>
<th>Child Support</th>
<th>Social Security</th>
<th>Other Taxable Income</th>
<th>Other Non-taxable Income</th>
<th>TOTAL</th>
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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 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 you and/or your spouse.

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**—You and/or your spouse have paid for unusual or unexpected medical expenses for a member of your household that were 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 will be considered. These expenses must be at least $1,000 or 7.5 percent of your 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, 725 Howard Center, for availability of additional services.

Required Documentation Checklist:
- A written and signed personal statement explaining your situation, including the date and nature of the incident or emergency occurrence and the total amount of expenses not reimbursed that you (and your spouse) paid in 2004 and 2005
- A statement from a physician that documents an unusual medical condition or disability
- A copy of your (and your spouse's) 2004 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.

You and/or your spouse pay elementary or secondary education expenses for a member of your family during the 2005-2006 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 you and your spouse explaining your situation, including dependent's name and age
- Copies of your (and your spouse's) 2004 federal tax returns, 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, indicating 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