



2017-2018 Special Circumstances Appeal

Dependent

The 2017-2018 Free Application for Federal Student Aid collects the student' and parent's income information for January 1, 2015 to December 31, 2015. If your parent(s) have experienced a change in your family's income for the periods of January 1, 2016 to December 31, 2016 or January 1 2017 and December 31, 2017; and expect to have a reduction of 30% or more at the end of December 31, 2016, *complete this form and submit the supporting documentation for review.*

DIRECTIONS: Complete and submit all appeal documentation to the Professional Judgment Committee to the Office of Student Financial Assistance. We will make every effort to reply to your appeal within 20 business days. Replies may take longer during peak processing times. **The deadline for submission of the appeal is the 12th class day.**

NOTE: Submission of this appeal does not guarantee approval. Incomplete appeals will be returned. Appeals that do not contain supporting documentation are considered incomplete.

A. Applicant's Name and Address

Student name (print last, first, middle initial)	Student ID or Social security number
Address (street/P.O. Box, city, state, zip code)	Telephone number (include area code)

B. Reason for Appeal

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

- A significant reduction in the parent's or student's income from
 - 2015 to 2016 or 2016-2017 (CHECK ONE) due to:
 - legal separation divorce, or death loss of employment one-time income
 - loss of taxed or untaxed income or benefits
- Unusual or unexpected expenses not covered by another agency for (select one):
 - paid medical care expenses tuition expenses for elementary or secondary education

C. Income Information: Appeals submitted without the proper supporting documentation will not be acted upon. If you have requested an appeal based on a reduction of income from 2015 to 2016 or 2016 to 2017, you must *attach the appropriate documentation and return it along with this form to the Office of Student Financial Assistance:*

1. **ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION.**

- Copy of 2015 IRS Tax Return Transcript(s) – **all applicants**
 - Dependent students must submit a copy of the parent's and student's 2015 IRS Tax Return transcript.
- Confirmation of reduction in earnings for 2016 or 2017– **all applicants**
 - o Copy of last pay check stub(s), earnings or untaxed income statement for 2016
- Letter of explanation – **all applicants**

2. **CHECK AND SUBMIT ITEMS BELOW THAT MAY APPLY TO YOUR APPEAL.**

- Copy of an AFDC/ADC or SNAP (formerly TANF) statement
- Verification of social security benefits
- Copy of unemployment benefits letter with begin/end dates and benefits amount.
- Verification of severance package
- Copy of medical and/or dental *expenses not covered* by insurance, employers, or federal/state agencies
- Other _____

3. **LEGAL SEPARATION** – submit the following items

- Legal proof of separation and notarized statement from both parties or;
- Two notarized letters from individuals or one statement from legal representation/ professional counselor on official letterhead **and;**
- IRS Tax Return Transcript from custodial parent whose information was used to complete the Free Application for Federal Student Aid.

Please send your documents to:

Texas Southern University

Office of Student Financial Assistance

3100 Cleburne Street • Houston, TX 77004



TEXAS SOUTHERN UNIVERSITY

Office of Student Financial Assistance

Ph: 713-313-7071 • Fax: 713-313-1859 • financialaid@tsu.edu • www.em.tsu.edu

Complete the information indicated below for the time period you are requesting a review of the change in income. You may need to estimate to complete the information in the estimated earning and resources below, but figures should be as close to fact as possible.

January 1, 2016 to December 31, 2016 (CHECK ONE ONLY)

January 1, 2017 to December 31, 2017

D. ESTIMATED EARNINGS

Type of Income	Parent(s)	Student	Type of Income	Parent (s)	Student
Wages Earned Father	\$		SNAP	\$	
Wages Earned Mother	\$		Food Stamps	\$	
SSI	\$		Child support	\$	
Social Security	\$		Workmen's Compensation	\$	
Unemployment Benefits	\$		Housing Subsidy	\$	
Severance Pay	\$		Savings	\$	
Other	\$		Other (explain in letter)	\$	
Total Income for Student and Parent (s) = \$					

E. Student and Parent 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 students' and students' spouse (if married) federal tax returns will be used to verify the current financial aid application information, and that the student will be selected for institutional verification at Texas Southern University, in the next aid year.

WARNING: If you use this form to establish eligibility for federal student aid and purposely give false or misleading information, you may be fined \$10,000, sent to prison or both. Student & parent signature

Student Date

Parent Date

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

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Appeal Approved <input type="checkbox"/>	Appeal Denied <input type="checkbox"/>	Original EFC	Recalc EFC
2015 AGI	2016 / 2017 AGI	CC	
2015 TX PAID	2016 / 2017 TX PAID	CE	
2015 UNTAXED	2016 / 2017 UNTAXED	M/D	
COMMENTS			

Signature: _____ Date: _____

Please send your documents to:
Texas Southern University
Office of Student Financial Assistance
3100 Cleburne Street • Houston, TX 77004