

TEXAS SOUTHERN UNIVERSITY
Office of Student Financial Assistance
3100 Cleburne Avenue, Houston, Texas 77004
713-313-7071 office / 713-313-1858 fax

Dependent

2005-2006 Special Circumstances Appeal

The 2005-2006 Free Application for Federal Student Aid collects the parents' and students' income information for January 1, 2004 to December 31, 2004. If you have experienced a change in your family's income for the period of January 1, 2005 to December 31, 2005 and expect to have a reduction of 30% or more at the end of December 31, 2005, *complete this form and submit the supporting documentation for review.*

DIRECTIONS: Complete and submit all appeal documentation to the Professional Judgment Committee, at the address given 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 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)	Social security number
Address (street/P.O. Box, city, state, zip code)	Telephone number (add area code)

B. Reason for Appeal

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

- ___ Significant reduction in student/parent income from 2004 to 2005 due to:
- legal separation divorce, or death loss of employment
 - loss of taxed or untaxed income or benefits one-time income

- ___ Unusual or unexpected expenses not covered by another agency for (select one):
- paid medical care expenses tuition expenses for elementary or secondary education
 - computer expenses

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 2005 to 2006, you must attach the appropriate documentation and return it along with this form to the Office of Student Financial Assistance:

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION.

- Copy of 2004 Federal Income Tax Return(s) – all applicants**
 - o Dependent students must submit a copy of the parent(s)' and student's 2004 Federal income tax returns.
 - o Independent students must submit a copy of the student and spouse's, if married, 2004 Federal income tax return.
- Confirmation of earnings for 2005 – all applicants**
 - o Copy of last pay check stub(s), earnings or untaxed income statement for 2005
- Letter of explanation – all applicants**

Check and submit items below that may apply to your appeal.

- Copy of an AFDC/ADC report
- 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
- Legal proof of separation and notarized statement from both parties
- Other _____
- Other _____

D. Estimated Earnings

Complete the information indicated below for the time period **January 1, 2005 to December 31, 2005** you may need to estimate to complete this information, but figures should be as close to fact as possible.

Type of Income	Parent	Student	Type of Income	Parent	Student
Wages Earned Father	\$		TANF	\$	
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)	\$	

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 parents' and students' 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 signature (all students)	Date
Parent Signature (dependent students only)	Date

Return completed form to:
 Texas Southern University,
 Office of Student Financial Assistance,
 3100 Cleburne, Houston, TX 77004

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

Appeal Approved <input type="checkbox"/>	Appeal Denied <input type="checkbox"/>	Original EFC	Recalc EFC
2004 AGI	2005 AGI	CC	
2004 TX PAID	2005 TX PAID	CE	
2004 UNTAXED	2005 UNTAXED	M/D	
COMMENTS			

Signature: _____

Date: _____