



7750 Montpelier Road  
Laurel, Maryland 20723  
www.muih.edu  
410-888-9048

**Financial Aid Office  
2018-2019  
Special Circumstances Appeal  
Verification of Income Form**

The Special Circumstances Appeal form allows you to explain changes in your family financial situation during the 2017 or 2018 calendar year(s) and for us to review circumstances not considered when you completed the 2018-2019 FAFSA. This Financial situation may be due to loss of job, separation, divorce, death, disability, and other circumstances.

**Important!**

All applications must include the following.

1. 2017 Tax Return Transcript  
Get transcript by mail – Go to [www.irs.gov](http://www.irs.gov) click on Get your Tax record then click “Get Transcript by MAIL.” Make sure to request the “IRS Tax Return Transcript” and **NOT** the “IRS Tax Account Transcript.”
2. 2017 W-2 earning Statement
3. Typed Letter of Circumstances
4. Additional documentation required based on your reason for appeal. Please refer to Reason for Appeal Chart for specific documents required.

**A. Students information**

Student Name:	MUIH ID/ SSN
Address:	Daytime Phone Number:
City/State/Zip Code	Date of Birth:



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Student First and Last Name \_\_\_\_\_

**B. Reason for Appeal**

Select One	Reason for Appeal	Please provide the following Documents
1	Loss of Employment/Reduction in Wages was in 2017 and is ongoing  Who experience a loss of/change in income? <input type="checkbox"/> Self <input type="checkbox"/> Your Spouse  When did the loss occur? _____	<input type="checkbox"/> signed and dated letter(on company letterhead from employer listing last day of employment or reduction in hours  <input type="checkbox"/> signed copy of 2017 federal income tax return  Form 1040 <input type="checkbox"/> 2017 zw-2 form  <b>We will use your 2017 1040 form to preliminarily calculate your income to adjust the 2018-2019 FAFSA. The figures will not be finalized until your 2017 tax transcripts has been received.</b>
2	Loss of Employment/Reduction in wages 2018  Who experience a loss of/change in income? <input type="checkbox"/> Self <input type="checkbox"/> Your Spouse  When did the loss occur? _____	<input type="checkbox"/> Copy of most recent year to date pay stub <input type="checkbox"/> signed and dated letter(on company letterhead from employer listing last day of employment <input type="checkbox"/> Statement of severance payments and benefits form your employer <input type="checkbox"/> A statement detailing unemployment benefits (if applicable) <input type="checkbox"/> If self employed please provide a letter form your CPA or tax preparer to confirm your loss of business income
3	Loss of Benefit/non work related income  Person receiving the benefit <input type="checkbox"/> Self Types of benefits received _____ Date of Change _____ Amount Received from Jan. 2018 to present \$ _____ Amount expected to receive from present to Dec.31 2018 \$ _____	<input type="checkbox"/> Any appropriate documentation of termination of benefits/support/income (ex. Court documents)



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**B-1 Continue Reason for Appeal**

Select One	Reason for Appeal	Please provide the following Documents
4	Separation/Divorce after FAFSA filed  Date of Separation/Divorce_____	<input type="checkbox"/> Copy of Separation agreement, divorce decree or substantial evidence (mortgage/lease/utility bills proving separate residents (if applicable) <input type="checkbox"/> If taxes filed jointly a supplemental statement must be included showing how much income is attributable to each person
5	Death of Spouse after FAFSA was Filed  Date of Death _____	<input type="checkbox"/> Copy of Death Certificate
6	Other Extenuating Circumstance  Example Education Loan payment Elderly care, Dependent care, Funeral Expenses, Legal Expenses,	<input type="checkbox"/> Submit any relevant and supporting documentation

**C – CERTIFICATION**

By signing below, I certify all the information reported on this worksheet is true, complete and accurate. I understand the Financial Aid offices office may request additional documents to verify the information requested on this form and on my FAFSA. I authorize the Financial Aid Office to perform necessary electronic ISIR corrections on my behalf. I realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we understand if we purposely give false information I may be fined, sentenced to jail or both.

Student signature

Date

Student name (Please Print)