



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

**Financial Aid Office
2021-2022
Special Circumstances Appeal
Verification of Income Form**

The Special Circumstances Appeal form allows you to explain changes in your family financial situation during the 2019 or 2020 calendar year(s) and for us to review circumstances not considered when you completed the 2021-2022 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. 2019 Tax Return Transcript
Get transcript by mail – Go to 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. 2019 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. Student information

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



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

Student First and Last Name _____

B. Reason for Appeal

Select One	Reason for Appeal	Please provide the following Documents
1	<p>Loss of Employment/Reduction in Wages was in 2019 and is ongoing</p> <p>Who experience a loss of/change in income?</p> <p>Self Your Spouse</p> <p>When did the loss occur? _____</p>	<ul style="list-style-type: none"> Signed and dated letter(on company letterhead from employer listing last day of employment or reduction in hours Signed copy of 2019 federal income tax return Form 1040 2019 W-2 form <p>We will use your 2019 1040 form to preliminarily calculate your income to adjust the 2021-2022 FAFSA. The figures will not be finalized until your 2019 tax transcripts has been received.</p>
2	<p>Loss of Employment/Reduction in wages 2021</p> <p>Who experience a loss of/change in income?</p> <p>Self Your Spouse</p> <p>When did the loss occur? _____</p>	<ul style="list-style-type: none"> ▽ Eopy of most recent year to date pay stub ▽ Uigned and dated letter"on company letterhead from employer listing last day of employment+ ▽ Statement of severance payments and benefits form your employer ▽ A statement detailing unemployment benefits (if applicable) ▽ If self employed please provide a letter ftqm your CPA or tax preparer to confirm your loss of business income
3	<p>Loss of Benefit/non work related income</p> <p>Person receiving the benefit Self</p> <p>Types of benefits received _____</p> <p>Date of Change _____</p> <p>Amount Received from Jan. 2019 to present \$_____</p> <p>Amount expected to receive from present to Dec.31 2021 \$ _____</p>	<ul style="list-style-type: none"> Any appropriate documentation of termination of benefits/support/ income (ex. Court documents)



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

Student First and Last Name _____

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_____	<ul style="list-style-type: none">• Copy of Separation agreement, divorce decree or substantial evidence (mortgage/lease/utility bills proving separate residents (if applicable))• 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 _____	<ul style="list-style-type: none">• Copy of Death Certificate
6	Other Extenuating Circumstance Example: Education Loan payment Elderly care, Dependent care, Funeral Expenses, Legal Expenses, etc.	<ul style="list-style-type: none">• 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)