



Office of Student
Financial Assistance

Appeal for Consideration of Extraordinary Circumstance (Fall 2026 - Spring 2027)

The Catholic University of America is committed to offering our best financial assistance package from the onset. However, we recognize that students and their families sometimes have extenuating circumstances unaccounted for in their application data. Therefore, we will evaluate aid packages on a limited basis that meet one or more of the following conditions as listed in **Section II** of this form. All decisions of the Catholic University Office of Student Financial Assistance Appeals Committee are final and cannot be appealed to the U.S. Department of Education.

SECTION I: Instructions

The Office of Student Financial Assistance only considers one appeal per academic year. Please note that your request begins with evaluating your FAFSA application. Therefore, we cannot consider any appeals until the FAFSA verification process is complete.

If your FAFSA was federally selected for verification, you may have received a request to supply various 2024 tax documents to our office. Please submit those documents and allow the verification to be completed so an initial financial aid award can be made prior to submission of your appeal.

If your FAFSA was not federally selected for verification, please review the accuracy of your initial FAFSA, and make corrections if necessary. It is advised to automatically import Federal Tax Information by granting permission on the FAFSA to use the IRS Direct Data Exchange(FADDX) if available. If the student is not federally selected for verification and the DDX was not used, we may institutionally select the student for federal verification in which 2024 tax documents and other supporting documents may be requested.

You will need to submit the supporting documents listed next to the reason for submitting the appeal on page 2 of this form.

Our office reserves the right to request additional documentation depending on the basis of the appeal. A signed copy of your 2024 & 2025 Federal Tax Return with all federal tax schedules may be required. We will reach out to the requester & student via email as indicated below.

Late submissions must be submitted at least 3 weeks prior to the end of the semester.

SECTION II: Circumstance

All communications will be sent to the student's current address and CUA email on file.

Student Name:	CUA ID:	Email:
Address:		Telephone:

CONDITIONS for Appeal: If you meet one of the following conditions, check the appropriate box and submit the supporting documentation requested along with this appeal form. If you meet income conditions, your aid eligibility may be recalculated using expected income for the 2026 calendar year. Also, note that all documents listed in Section I of this form must be submitted. Missing documents from Section I or Section II may result in denial of appeal.

Situations to be Considered	Supporting Documentation
Loss of Employment. Generally have at least 3 months of income loss and a projected household income reduction of at least 25% total	<ul style="list-style-type: none"> Letter of Separation from employer Copy of final pay stub from employer & most recent pay stub, if re-employed. Most recent pay stub for spouse if applicable. Copy of unemployment benefits or determination of ineligibility for benefit. Signed copy of 2024 & 2025 Federal Tax Returns.
Divorce or Separation of Student and Spouse or Student's custodial parent and spouse during 2025 or 2026 tax year.	<ul style="list-style-type: none"> Copy of divorce decree/separation orders or evidence of separate living (for example, separate addresses listed on current utility bills).
Death of a Parent or Spouse which will result in household income reduction. Generally resulting in a reduction of at least 25%	<ul style="list-style-type: none"> Photocopy of death certificate Copy of any resulting life insurance payments or proof of non-payment
Medical Expenses not paid by health insurance or reimbursed by health savings plan but paid out of pocket. Generally applies if amount is at least 11% of total income. *Insurance premiums <u>will not</u> be considered.	<ul style="list-style-type: none"> Signed copy of the 2024 1040 Schedule A (if you itemized your deductions) If you did not itemize your deductions, submit a copy of doctor's bills, insurance EOBs for those services, and proof of payment.
Permanent and Total Disability Generally have at least 3 months of income lost and a projected total household income reduction of at least 25%	<ul style="list-style-type: none"> Date of disability Documentation (examples include medical documentation, letter from vocational rehabilitation unit, etc.) Documentation of disability income
Disaster or Natural Occurrence	<ul style="list-style-type: none"> Date of disaster or natural occurrence Proof of Disaster or Natural Occurrence's effect on the family (examples may include repair bills, insurance claims, etc.)
Other Loss of Income Generally have at least 3 months of income lost and a projected total household income reduction of at least 25%	<ul style="list-style-type: none"> Explanation of source of lost income Statements of benefits, child support, etc., and the end date from the appropriate state agencies Signed copy of 2024 & 2025 Federal Tax Returns
Other Situation Typically, bills and/or incurred debts will not be considered.	<ul style="list-style-type: none"> Provide all supporting documentation that allows the Appeal Committee to see demonstrated cause and effect.
Name of the person that suffered the circumstance:	
If not the student, please indicate the relationship:	

SECTION III: Estimated Income Information

Complete both sections below (“Estimated Gross Taxed Income” and “Estimated Untaxed Income”). Provide projected income (before exemptions, adjustments, or deductions are applied) that you or your family expects to receive between January 1, 2026 through December 31, 2026. **Provide a response to all items. If there will be no income in any specific category, write zero (0) in the income box for that category. Do not leave any item blank.**

ESTIMATED GROSS TAXED INCOME	Student	Father or Stepfather	Mother or Stepmother
Wages, salaries, tips (<i>include severance pay</i>)			
Pensions and annuities			
Interest and dividends and capital gains			
Business or farm income / loss			
Real Estate, S-Corporation, and Partnership income / loss			
Social Security benefits (<i>taxable</i>)			
Income received from rents after expenses paid for mortgage interest, taxes, and insurance			
Alimony			
Unemployment compensation			
Any other taxed income			
ESTIMATED UNTAXED INCOME			
Payment to tax deferred pension and savings plans (<i>paid directly or withheld from earnings</i>). Include untaxed contributions to 401K and 403B plans			
Deductible IRA and/or Keogh payments			
Social Security benefits (<i>include SSI and disability</i>)			
Retirement or disability benefits			
Worker's Compensation			
Welfare benefits including Temporary Assistance for Needy Families (TANF). (<i>Do not include food stamps</i>)			
Untaxed portions of pensions			
Living and housing allowances for clergy, military and others (<i>including cash payments or cash value of benefits</i>)			
Child support for all children received			
Veteran's benefits (<i>except student's educational benefits</i>).			
Railroad retirement benefits			
Any other untaxed income and benefits			
Cash or any money paid on your behalf, not reported elsewhere on this forms			

Provide a response to all items. If there will be no income in any specific category, write zero (0) in the income box for that category. Do not leave any item blank.

SECTION IV: Statement of Circumstance

Please provide a detailed synopsis of the circumstance that has occurred and the basis for this appeal which has created a change in your family's financial situation. You should attach additional pages if the space provided below is inadequate.

SECTION V: Certification, Authorization, and Signature(s)

Under penalty of perjury, I certify that the information on this form is true and correct to the best of my knowledge and belief. I understand that if I underestimate my income, I may lose eligibility for future aid and/or have to repay financial aid. Furthermore, I understand that providing false or misleading information in an attempt to obtain federal student financial aid is an act of fraud, punishable by a fine of up to \$20,000 and/or incarceration. I understand that I must provide all the requested supporting documentation in Section I and Section II of this form, and that failure to do so will result in a denial of my appeal. I also understand that leaving any section blank will result in a denial of my appeal.

By signing this form I also authorization the staff of the Office of Student Financial Assistance at The Catholic University of America to correct my 2026-2027 FAFSA application.

Student's Signature: _____ **Date:** _____

Students: By signing this form, you authorize the staff of the Office of Student Financial Assistance at The Catholic University of America to share all data protected under the Federal Educational Rights and Privacy Act (FERPA), including financial information used as the basis of your award, award amounts, and adjustments to awards with the other signatories listed below.

Spouse's Signature: _____ **Date:** _____
(if spousal information was required on the FAFSA)

Parent 1 Signature: _____ **Date:** _____
(if parent information was required on the FAFSA)

Parent 2 Signature: _____ **Date:** _____
(if second parent's information was required on the FAFSA)

Signatures must be hand-generated. Visit our website at <https://financial-aid.catholic.edu/faq/signingdocuments.html> to learn more about creating a digital hand-generated signature.

USE ONE OF THE FOLLOWING METHODS TO RETURN FORM & SUPPORTING DOCUMENTS:

MAIL or IN-PERSON	FAX	CARDINAL STATION
Student Financial Assistance Fr. O'Connell Hall, Suite M300 620 Michigan Avenue NE Washington, D.C. 20064	202-319-5573	financial-aid.catholic.edu/upload (requires student login)