



West Virginia State University

Office of Student Financial Assistance Special Circumstances Form

2016-2017

Submit this form **after** you have filed the Free Application for Federal Student Aid. This form must be accompanied by all required documentation or your request will be **denied**.

If you have **unusual circumstances as listed below**, complete this form and submit it to our office with the specified documentation. Check the circumstance that applies to you, then go to that number on this form.

- 1.) Income reduction
- 2.) Unusual medical or dental expenses not covered by insurance
- 3.) Nonrecurring income
- 4.) Death of spouse/parent
- 5.) Disability of student, spouse or parent

NAME

STUDENT ID NUMBER

EMAIL

PHONE

Complete the section that pertains to your situation. If you were married at the time you applied for financial aid, you must provide information pertaining to your spouse. Return this completed form to our office with the documentation specified. ***Failure to provide all of the requested documentation will result in denial of the request.***

1. Will you or your spouse's (or parents') income be significantly less in 2016 compared to 2015?

Yes No

2. If you answered "Yes" to number 1, check the appropriate reason below and **provide a letter of explanation**, giving the date of the change in your situation:

- (a) Unemployment or change in employment
- (b) Death of spouse/parent
- (c) Disability of student, spouse or parent

1. Income Reduction Due to Job Loss/Unemployment

DOCUMENTATION REQUIRED! Attach copies of all documents to support your request: last pay stub, unemployment forms, layoff notice, 1722(Tax Return Transcript for 2015 from IRS at: <http://www.irs.gov/individuals/article/0,,id=232168,00.htm>) for parent and/or student, and V1 verification worksheet. **You must provide a letter of explanation of your circumstances.**

ANTICIPATED INCOME* FOR 1/1/16 TO 12/31/16 Parents' Income	ACTUAL 1/1/15 TO 12/31/15	ESTIMATED 1/1/16 TO 12/31/16
Father's wages, salaries, tips (including severance pay, disability payments and other income from work)		
Mother's wages, salaries, tips (including severance pay, disability payments and other income from work)		
Other taxable income (include unemployment benefits)		
Social Security Benefits		
Temporary Assistance for Needy Families (SNAP)		
Child support received		
Other untaxed income (earned income credit, worker's comp.)		
TOTAL		
Divide total estimated column by total actual column. Move decimal place to the right two places (for example 0.69 would be 69). Subtract this number from 100. (If this ratio is less than 30% – do not turn this form in. We will deny your income reduction request)		

ANTICIPATED INCOME* FOR 1/1/16 TO 12/31/16 Student and Spouse (if applicable)	ACTUAL 1/1/15 TO 12/31/15	ESTIMATED 1/1/16 TO 12/31/16
Student's wages, salaries, tips, (including, severance pay, disability payments and other income from work)		
Spouse's wages, salaries, tips, (including, severance pay, disability payments and other income from work)		
Other taxable income (include unemployment benefits)		
Social Security Benefits		
Temporary Assistance for Needy Families (SNAP)		
Child support received		
Other untaxed income (earned income credit, worker's comp.)		
TOTAL		
Divide total estimated column by total actual column. Move decimal place to the right two places (for example 0.69 would be 69). Subtract this number from 100. (If this ratio is less than 30% – do not turn this form in. We will deny your income reduction request)		

****If you or your parent are divorced or separated, give only your information or the information of the custodial parent. If the loss of income was due to the death of your spouse or parent give only your information or the information of the surviving parent.***

2. Unusual Medical/Dental Expenses Not Covered By Insurance

DOCUMENTATION REQUIRED! We need a 1722 Tax Return Transcript for 2015 <http://www.irs.gov/individuals/article/0,,id=232168,00.htm> and V1 verification worksheet. If you did not itemize, provide receipts of medical and dental payments made in 2015 that were not covered by insurance. **You must provide a letter of explanation of your circumstances.**

Medical/Dental expenses up to 11% of the family's income are already taken into account by the federal needs analysis formula when determining financial aid eligibility. Therefore, only the portion of expenses which exceed 11% of the family income will be considered an unusual circumstance.

1. Were you and your parents(spouse) covered by medical/dental insurance or did you have a medical card in 2015? Yes or No (Circle One)
2. How much did you or your spouse pay for medical/dental expenses not covered by insurance in 2015? \$_____
3. Take the answer you gave for question #2 and divide it by your **total family income**. (For example: \$5,000 in medical/dental expenses divided by \$50,000 total family income = 0.10 or 10%) Enter this answer here _____

If this answer equals 20% or less of total family income, do not turn this form in. We will deny your request.

3. Nonrecurring Income

DOCUMENTATION REQUIRED! 1722 Tax Return Transcript for 2015 for parent and/or student, <http://www.irs.gov/individuals/article/0,,id=232168,00.htm>, V1 verification worksheet, and verification of source of nonrecurring income and amount. **You must provide a letter of explanation.**

1. Will you or your parents' (or spouse's) income be significantly less in 2016 compared to 2015 due to a one-time income such as an inheritance, or back-year social security payments?
Yes or No (Circle One)

2. Date of occurrence:_____

3. Identify the source of income, the amount, and how the funds were spent or invested.

4. Death of Spouse/Parent

DOCUMENTATION REQUIRED! 1722 Tax Return Transcript for 2015 for parent and/or student, <http://www.irs.gov/individuals/article/0,,id=232168,00.htm>, parent/student W2 for 2015, V1 verification worksheet, copy of death certificate for parent/student.

5. Disability of Student, Spouse or Parent

DOCUMENTATION REQUIRED! 1722 Tax Return Transcript for 2015 for student/spouse and or parent, <http://www.irs.gov/individuals/article/0,,id=232168,00.htm>, V1 verification worksheet, disability claim and doctor's note.

By signing this worksheet, I (we) certify that all the information reported to qualify for student aid is complete and correct. If spouse information is provided, he/she must also sign this form. If parent information is provided, at least one parent must also sign this form.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Date

Mother or Father Date

Spouse Date

INCOMPLETE FORMS OR FORMS WITH MISSING DOCUMENTATION WILL BE DENIED.