

## 2025-2026 Special Circumstance Request Household Income Loss or Reduction

West Virginia State University realizes families may experience unforeseen circumstances and/or expenses during an academic year. Use this form to address these unusual circumstances or expenses.

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

On a case-by-case basis, a financial aid adviser may review family changes after the FAFSA has been submitted. If a major change occurs in your financial situation, you may submit a request for our office to review your situation.

Your request will only be considered if you are able to demonstrate **a minimum of a 30% reduction** in household income. Please contact the Office of Financial Aid and Scholarships if you are unsure if you meet this qualification.

### SECTION A:

Individual(s) with circumstance(s), check as appropriate:

\_\_\_\_ Father/Stepfather      \_\_\_\_ Mother/Stepmother      \_\_\_\_ Student      \_\_\_\_ Spouse

<p>____ <b>Loss of Employment or Funding</b></p> <ul style="list-style-type: none"> <li>• <b>Recent Unemployment</b></li> <li>• <b>Unemployment Benefits End</b></li> <li>• <b>Social Security Benefits End</b></li> <li>• <b>Child Support Payments End</b></li> <li>• <b>Other</b></li> </ul>	<p>Required Information:</p> <ol style="list-style-type: none"> <li>1. Letter of explanation of circumstances from student/parent</li> <li>2. Last date of pay    /    /</li> <li>3. Completed Section B and C on the reverse side of this form</li> <li>4. Signed 2023 Federal Tax Return Transcript from the IRS</li> <li>5. Copy of last paycheck stub, or statement with year-to-date earnings</li> </ol>
<p>____ <b>Reduction or Loss of Income</b></p> <ul style="list-style-type: none"> <li>• <b>Change of Employer</b></li> <li>• <b>Change to income or assets</b></li> <li>• <b>Non-Reoccurring Income</b></li> </ul>	<p>Required Information:</p> <ol style="list-style-type: none"> <li>1. Letter of explanation of circumstances from student/parent</li> <li>2. Last date of receipt of benefit/income    /    /</li> <li>3. Completed Section B and C on the reverse side of this form</li> <li>4. Signed 2023 Federal Tax Return Transcript from the IRS</li> <li>5. Copy of last paycheck stub, with year-to-date earnings</li> </ol>
<p>____ <b>Change in Household Size</b></p> <ul style="list-style-type: none"> <li>• <b>Separation</b></li> <li>• <b>Divorce</b></li> <li>• <b>Death of Wage Earner</b></li> </ul>	<p>Required Information:</p> <ol style="list-style-type: none"> <li>1. Letter of explanation of circumstances from student/parent</li> <li>2. Date of separation/divorce/Death    /    /</li> <li>3. Completed Section B and C on the reserve side of this form</li> <li>4. Signed 2023 Federal Tax Return Transcript from the IRS</li> <li>5. Completed 2025-2026 Verification Worksheet</li> <li>6. Divorce Decree, Legal Separation Agreement, or Death Certificate</li> </ol>

## SECTION B:

**INSTRUCTIONS:** Complete using ALL expected income from January 1, 2025 to December 31, 2025 of the person(s) with the special circumstance(s). You must submit documentation of ALL expected income. If filing this form for separation or death of a parent, use only your custodial parent's income.

2025 Taxed Income	Father	Mother	Student	Spouse
Income Earned from Work	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Business or Farm Income	\$	\$	\$	\$
Pensions & Annuities	\$	\$	\$	\$
Taxed Interest/Dividend Income	\$	\$	\$	\$
Taxed Social Security Benefits	\$	\$	\$	\$
Other Taxed Income (pensions, alimony, rentals, etc.)	\$	\$	\$	\$
<b>Total 2025 Taxed Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

2025 Untaxed Income	Father	Mother	Student	Spouse
Child Support Received	\$	\$	\$	\$
Untaxed Social Security Benefits	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
Welfare Benefits/TANF	\$	\$	\$	\$
Untaxed Portions of Pensions	\$	\$	\$	\$
Veterans Non-Education Benefits	\$	\$	\$	\$
Tax-Deferred Pension Payments	\$	\$	\$	\$
Deductible IRA/Keogh Payments	\$	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$	\$
Foreign Income Exclusions	\$	\$	\$	\$
Living Allowance for Clergy/Members of the Military	\$	\$	\$	\$
Any Other Untaxed Income	\$	\$	\$	\$
<b>Total 2025 Untaxed Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## **SECTION C:**

### **Current Expenditures:**

1. What is the monthly cost of housing (rent, mortgage)? \_\_\_\_\_  
From what income source is this paid? \_\_\_\_\_  
If your household did not have this expense, explain why \_\_\_\_\_  
**Independent Students:** Is your name on the lease or mortgage?    ☐ Yes    ☐ No
  
2. What is the monthly cost of utilities (electric, gas, water, phone, cable)? \_\_\_\_\_  
From what income source is this paid? \_\_\_\_\_  
If your household did not have this expense, explain why \_\_\_\_\_  
**Independent Students:** Are the utilities in your name?    ☐ Yes    ☐ No
  
3. What is the monthly cost of food? \_\_\_\_\_  
From what income source is this paid? \_\_\_\_\_  
If your household did not have this expense, explain why \_\_\_\_\_
  
4. What is the monthly cost of car payments/insurance and transportation costs? \_\_\_\_\_  
From what income source is this paid? \_\_\_\_\_  
If your household did not have this expense, explain why \_\_\_\_\_
  
5. What is the monthly cost of clothing, personal needs, and misc.? \_\_\_\_\_  
From what income source is this paid? \_\_\_\_\_
  
6. What is the monthly cost of medical expenses and/or health insurance? \_\_\_\_\_  
From what income source is this paid? \_\_\_\_\_

### **Resources:**

7. List any child support or income received during the past year and the source of that income:  
Child Support Received:    \$ \_\_\_\_\_ from \_\_\_\_\_  
  \$ \_\_\_\_\_ from \_\_\_\_\_  
  
Income Received:    \$ \_\_\_\_\_ from \_\_\_\_\_  
  \$ \_\_\_\_\_ from \_\_\_\_\_
  
8. List any cash support you (student) received or money that was paid on your behalf during the past year and the source of that income:  
\$ \_\_\_\_\_ from \_\_\_\_\_  
\$ \_\_\_\_\_ from \_\_\_\_\_

By signing, I agree that the information provided is true and complete to the best of my knowledge. If requested, I agree to provide additional documentation. I further agree to notify the Office of Financial Aid and Scholarships at West Virginia State University of any error or omission in the above information, or of any further circumstances which affect the accuracy of the provided information. I understand failure to comply with this agreement could result in forfeiture of financial aid eligibility of the student.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Student's Spouse's Signature

\_\_\_\_\_  
Date