



Office of Financial Assistance  
 PO Box 2900  
 Mt. Gay WV 25637  
 (304) 896 7060  
 Financialaid@southernwv.edu

## Special Condition – Financial Aid Office

*Request for Special Consideration based on significant change in Financial Circumstances.*

### Student Information

Student Name:	Date of Birth:
Student ID:	Student Phone Number:
Student Email:	
Student Address:	
Parent's Name:	

*This form is used to request special consideration based on significant changes to the financial circumstances. Please read the listed categories and check the one most applicable to you. You must provide documentation confirming the changes. If proof is not submitted, the request will be denied.*

### Basis for the Appeal

Person <i>(Please choose one of the Following)</i>	Circumstance	Effective Date	Date Income was Terminated
<input type="checkbox"/> Student	<input type="checkbox"/> lost their job, received unemployment compensation, or other untaxed income that has been completely exhausted		
<input type="checkbox"/> Spouse	<input type="checkbox"/> no longer work due to a disability		
<input type="checkbox"/> Parent	<input type="checkbox"/> my parents/student were separated or divorced <i>(Attach divorce decree or verification of separation)</i>		
	<input type="checkbox"/> my parent/spouse is now deceased <i>(Attach death certificate)</i>		
	<input type="checkbox"/> Other <i>(Please describe circumstance in the lines provided below)</i>		

### Additional Documentation

1. Fill out FAFSA based on the 2018 income.
2. Complete Special Condition Form
3. Copy of Tax Return Transcript for 2018 and 2019. *(visit [www.irs.gov](http://www.irs.gov) or call 1-800-908-9946)*
4. Copy of parent/student W-2 forms for 2018 and 2019
5. Student Verification Form
6. Last two Paystubs
7. Layoff Letter
8. Letter from Unemployment with amount of benefits receiving.



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Must be completed by applicant:

Estimated income for the 2019 calendar year. (Estimate total amounts.)

1. Number of family members in your household during July 2019-July 2020: \_\_\_\_\_
2. Number of family members in college (**at least 6 hours**) during 2019-2020: \_\_\_\_\_

Expected 2019 earned income:	Amount	Source
Student	\$	
Spouse	\$	
Father	\$	
Mother	\$	

Expected 2019 untaxed income:	Amount
Social Security Benefits	\$
Worker's Compensation	\$
Welfare/TANF	\$
Child Support	\$
Other <i>(Please Specify)</i>	\$

### Agreement and Understanding

By signing this special condition form, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form.  
**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Typed, copied, or electronic signatures will not be accepted.

Student Signature:	Date:
Parent Signature (Dependents Only):	Date:

**NOTE:** Documentation must be provided to support the income information you have reported on this form. If documentation is not submitted along with this form, your special conditions will be denied.

For more information visit: [www.southernwv.edu](http://www.southernwv.edu)

**#FINDYOURDIRECTION**

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