Office of Student Financial Aid

Last Name  First Name  M.I.  
BRCTC ID number  
Address  
City  State  Zip Code  
Phone Number (include area code)  
Email Address  

All students applying for a Special Circumstance are selected for verification and must submit:

- 2014 Standard Verification Worksheet
- 2014 IRS Tax Return Transcript
- 2014 W-2 Forms for student, parents, spouse
- Type-written explanation of Special Circumstance

Please indicate the reason(s) for the appeal. Mark all that apply to you and submit the required documentation. Failure to support the circumstances with evidence will result in the appeal being denied for lack of documentation.

☐ Loss of Income from Work
  - Layoff  Provide letter from employer stating effective date and anticipated return, last pay stub, unemployment information.
  - Business Closure  Provide letter from employer stating effective date, last pay stub, unemployment information.
  - Termination  Provide letter from employer stating effective date, severance pay, last pay stub, unemployment information.
  - Disability  Date of Disability _______________ Provide letter from employer stating effective date.
  - Quit or reduced employment to attend school  Letter from employer stating effective date.
  - Other  Please specify and provide appropriate documentation.

☐ Loss of taxable income
  - Alimony  Provide court documentation stating termination date of benefits.
  - Unemployment  Provide a copy from the agency showing termination date of benefits and the total amount of benefits received in that year.
  - Other  Please specify and provide appropriate documentation.

☐ Loss of untaxed income
  - Child Support  Provide letter or court document stating termination date of benefits or reduction in benefits. Include total received for all children in the year.
  - Worker’s Compensation  Provide a letter from Bureau of Worker’s Compensation stating termination date of benefits.
  - Social Security  Provide letter from Social Security Administration stating terminate date of benefits.

☐ Divorce/Separation  If you have divorced or separated since filing your FAFSA, provide a copy of the divorce decree/letter from attorney or documents showing separation and actual or estimated child support amounts. In cases where legal documents cannot be provided, submit other documentation confirming the separation.
For each income category, please report both actual January 1, 2015 through today and estimated today through December 31, 2015. You must attach documentation of all income which could include:

<table>
<thead>
<tr>
<th>Income for January 1, 2015 through December 31, 2015</th>
<th>Actual January 1, 2015 through today</th>
<th>Estimated today through December 31, 2015</th>
<th>Total Actual + Estimated</th>
</tr>
</thead>
<tbody>
<tr>
<td>*wages, salaries, tips, net business/farm income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected 2015 income earned from *work by Father</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2015 income earned from *work by Mother</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2015 income earned from *work by Student</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expected 2015 income earned from *work by Student's spouse</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment, capital gains, etc.) Source(s):</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>AFDC/TANF</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Child Support Received or Paid</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Untaxed Income (earned income credit, worker’s comp, IRA/Keogh payments, etc.) Source:</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Actual and Estimated Income for 2015</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

CERTIFICATION:

My signature below certifies that the information provided above is true and correct to the best of my knowledge. I understand that the penalty for providing false or misleading information is a fine, prison sentence, or both.

_______________________________   ________________________________
Parent Signature                  Student Signature

____                                ________________________________
Date                                 Date

To return this form:
Mail: Office of Student Financial Aid, 13650 Apple Harvest Drive, Martinsburg WV 25403
Fax: 304-260-4376
Email: finaid@blueridgectc.edu