

Office of Student Financial Aid

C O O

Last Name First Name M.I.

BRCTC ID number

Address

Phone Number (include area code)

City State Zip Code

Email Address

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

- | | |
|--|---|
| <input type="checkbox"/> 2017-18 Standard Verification Worksheet | <input type="checkbox"/> 2015 IRS Tax Return Transcript |
| <input type="checkbox"/> 2016 W-2 Forms for student, parents, spouse | <input type="checkbox"/> 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.

- Deduction of One-Time Payment Received** Provide letter documenting the one-time payment and verification of how funds were used.
- Unusual expenses paid** For medical and/or dental expenses paid in 2015, provide documentation showing that payments were made, i.e., statement of accounts from physician/hospital/dentist showing payment amounts and dates payments were made and cancelled checks. Provide a written statement explaining for whom and for what the expenses included.

Report all **income** you have **actually** received from **January 1, 2017 through today**

Estimate all income you **expect** to receive **today through December 31, 2017**

You must attach documentation of all income, which could include:

Income for January 1, 2017 through December 31, 2017	Actual January 1, 2017 through today	Estimated today through December 31, 2017	Total Actual + Estimated
*wages, salaries, tips, net business/farm income			
Expected 2017 income earned from *work by Father	\$	\$	\$
Expected 2017 income earned from *work by Mother	\$	\$	\$
Expected 2017 income earned from *work by Student	\$	\$	\$
Expected 2017 income earned from *work by Student's spouse	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment, capital gains, etc.) Source(s):	\$	\$	\$
Social Security Benefits	\$	\$	\$
AFDC/TANF	\$	\$	\$
Child Support Received or Paid	\$	\$	\$
Other Untaxed Income (earned income credit, worker's comp, IRA/ Keogh payments, etc.) Source:	\$	\$	\$
Total Actual and Estimated Income for 2017	\$	\$	\$

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

Date

Student Signature

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