

## **2022-2023** Application for Special Consideration

## YOU MUST FILE YOUR 2022-2023 FAFSA <u>BEFORE</u> SUBMITTING THIS APPLICATION TO THE FINANCIAL AID OFFICE

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.ast Na	ime	First Name	Student ID #			
Email Address:		@mail.wvnc	@mail.wvncc.edu — All Correspondence form our office will be sent here			
ndeper your FA circums These c reporte Verifica	ndent student, you must AFSA completion and can stances not addressed on circumstances may be cor ed on your 2022-2023 FAI	provide information for yourself and be verified through the Financial Aid the FAFSA that you believe affect you nditions that impacted negatively on FSA. All sections below must be con	nformation for yourself and your pared your spouse (if married). Dependent Office. This application may be used our family's ability to contribute to your 2022 finances when compared inpleted to evaluate your appeal. If need prior to any adjustments eligible for	icy status is determined by It to report unusual our education at WVNCC. Ito the 2020 income not previously selected,		
Step 1:						
✓	supporting documental school year. EXCEPTION	ion as required on the worksheet IF	FAFSA dependency status) <b>Verificatio</b> you have not already submitted prev cy Override (Option 6 in Step 2 below e requested.	riously for the 2022-2023		
Step 2:	Check all the conditio	ns below that describe your situatio	n and attach the required document	ation.		
1.	Parent or spouse of stu	ident died after October 1, 2021.				
	Date of Death:		Attach a copy of the death certifica	ate		
2.	Parents have separated	/divorced or married independent s	tudent has legally separated/divorced	d after October 1, 2021.		
	Enter the date	of legal separation/divorce:				
	· · · · · · · · · · · · · · · · · · ·	Which parent are you residing with: buld only be reported for the parent	with whom you reside)	(income on		
	Attach a copy begin.	of legal separation/divorce or officia	l letter from an attorney stating wher	n legal proceedings will		
3.	Untaxed income receiv	ed in 2020 has ceased or has been re	educed (e.g. child support ended)			
	Enter date of o	hange:	_			
	Attach suppor	ting documentation of lost untaxed i	ncome.			
4.	Parent, spouse or stude	ent suffered permanent and total dis	ability after January 1, 2021			
	Enter date of o	lisability:	_			
	Attach a signe	d letter from a physician stating the	extent and duration of disability			
	Attach docum	entation of year-to-date income				
	Attach a Disab	ility Benefit Statement from the Soci	al Security Administration			

5.	annual income since 2020 because of a job loss or reduction in pay/hours (excludes overtime hours).
	Enter date of change: Employer:
	Who had the Change in Income: Student Spouse (name)
	Parent (name) (Dependent Students Only)
	Dependent Students: Parent(s)' 2021 Federal IRS Tax Transcript and W-2's
	Independent Students: Student's (and spouse, if married) 2021 Federal IRS Tax Transcript and W-2's
	Copy of termination letter/document stating when your employment changed
	Unemployment Benefits Statement (if applicable)
	Final paystub from prior job with details about your current and year-to-date earnings (if applicable)
	Most recent paystubs from all current jobs for student and parent(s) or spouse
6.	Dependency Override Request – Students otherwise Dependent based on the FAFSA dependency questions may apply for an override to become Independent only for purposes of Financial Aid at WVNCC due to unusual circumstances. This determination is made on a case-by-case basis, and must be supported by documentation provided by the student.
	PLEASE NOTE: Your living situation (whether or not you live with your parents) does not affect your dependency status.
	The following does not constitute unusual circumstances:  A parent refusing to provide data, or their inability to help support the student  A student who does not want to ask/communicate with parents for information  A student who has been "on his/her" own for several years  Required Documentation:  In writing, provide a full written explanation of your unusual circumstance. This letter must provide all relevant information about your claim, including dates and court documentation (if applicable).  Provide written documentation from at least one disinterested third party and/or agency confirming the specifics described in your written explanation. This documentation must be in writing and on appropriate official letterhead, and must be signed. This person should have first-hand knowledge of the situation and provide the following in their letter:  How long they have known the student?  Relationship to the student.  When was the last time the student lived with and/or received financial support from his/her parents?  Any knowledge of his/her relationship with their parents.  Steps that the student has taken to establish independence from his/her parents.  Include professional title, name and type of business, business address and contact information.
Chan 2.	<ul> <li>Include professional title, name and type of business, business address and contact information.</li> </ul>
	d explanation of special circumstance (from parent or independent student), including a timeline of any income changes in ancial situation since 2020. (attach separate typed and signed statement if necessary)


## Step 4: Estimate annual income for the calendar year 2022

Estimate annual income for the 2022 calendar year – Independent Students (Student and Spouse) or Dependent Students (Parents Only). Do not use monthly amounts. Include all income/benefits that you and/or your parent(s)/spouse expect to receive from January 1, 2022 through December 31, 2022.

Complete all items. If an item does not apply, enter a "0".

	<b>Dependent</b> Students Only:	Parent	Parent/Stepparent
2022 Estimated Gross Taxable Income	Independent Students Only:	Student	Spouse
Gross Wages, Salaries, Tips (including severance pay)		\$	\$
Retirement Benefits, Pensions and Annuities		\$	\$
Interest, Dividends, and Capital Gains		\$	\$
Business or Farm Income		\$	\$
Social Security Benefits (taxable – for all family members	in the household)	\$	\$
Income received from rent after expenses (mortgage inte	erest, taxes and insurance)	\$	\$
Alimony		\$	\$
Unemployment Compensation		\$	\$
Any other taxed income		\$	\$
Total 2022 Estimated Taxed Income		\$	\$

	<b>Dependent</b> Students Only:	Parent	Parent/Stepparent
2022 Estimated <u>Untaxed</u> Income	Independent Students Only:	Student	Spouse
Payment to tax deferred pension and savings plan (paid dearnings). Including, but not limited to, amounts reported 12a through 12d, codes D, E, F, G, H, and S.		\$	\$
IRA deductions and payments to self-employed SEP, SIMF	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh		\$
Child Support received for ALL Children			\$
Tax exempt interest income		\$	\$
Untaxed portions of IRA distributions		\$	\$
Untaxed portions of pensions		\$	\$
Living and Housing Allowances for Clergy, Military and otl	hers	\$	\$
Veteran's non-education benefits such as Disability, Deat Indemnity Compensation (DIC) and/or VA Education Wor	, , ,	\$	\$
Any other untaxed income and benefits such as Workers	Compensation, disability, etc.	\$	\$
Cash support or money paid on behalf of the student or family, not reported elsewhere on this form.			
List type(s):			
Total 2022 Estimated Untaxed Income		\$	\$

## **Step 5: Statement of Certification**

I certify that the information on this Special Consideration Application is true to the best of my knowledge and if requested, I agree to provide Financial Aid with further documentation. I agree that if my financial situation or circumstances change from what is indicated on this application, I will notify Financial Aid of the change. I understand that falsification on this application or documentation submitted will result in ineligibility for any type of financial aid at WVNCC. Warning: If you purposely give false or misleading information on this application, you may be fined, sentenced to jail, or both, and/or the student may be subject to disciplinary action as stated in WVNCC's Student Code of Conduct Rule.

Signature of <b>Student</b> :	Date:	
Signature of <b>Spouse</b> (if married):	Date:	
Signature of <b>Parent</b> (dependent students only): _		Date:
Parent(s) or Stan-Parent(s) Printed (full) Name:		

NOTE: We will not process this request until all proper documentation is received. If documentation is not received within 30 days of submitting this application, it will be cancelled. Notifications of the outcome of this appeal will be sent to your Northern email from the Financial Aid Office.

Please contact the Financial Aid Office at FinancialAidOffice@wvncc.edu or 304-233-5900 if you have any questions.