Eastern WV Community and Technical College
Financial Aid Office
2026 - 2027 Special Circumstance Request

Eastern WV Community and Technical College realizes families may experience unforeseen expenses during an academic year. Use this form to address these unusual circumstances or expenses.

The U.S. Department of Education allows financial aid offices to adjust certain income and data items on your FAFSA in cases where your financial situation may have changed. This is called "professional judgement". These situations are called "Special Circumstances" and may include one of the following:

- A reduction in income due to changes in employment from last year to this year
- Change in marital status due to divorce or separation
- Death of a primary wage earner
- Excessive medical/dental expenses not covered by insurance
- Unusual debts (other than discretionary purchases)
- Private school tuition expenses for elementary or secondary education

Student Information:

_____ _____

Student's Last Name First Name M.I. Student's ID Number (S#)

_____

Student's Street Address (include apt. no.) City State Zip Code

_____ _____

Student's Email Address Student's Home Phone Number

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

____Father/Stepfather

____Mother/Stepmother

____Student

____ Student's Spouse

SECTION A:

Check the box for the situation that best represents your special circumstance. You must provide documentation for each item listed in the Required Information box to the right of the box you check.

_____Loss of Employment or Funding • **Recent Unemployment** • **Unemployment Benefits End** • **Social Security Benefits End** • **Child Support Payments End** • **Other**	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Last date of pay / / 3. Signed 2024 Federal Tax Return Transcript from the IRS 4. Copy of last paycheck stub, or statement with year-to-date earnings
____ Reduction or Loss of Income • **Change of Employer** • **Change to income or assets** • **Non-Reoccurring Income**	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Last date of receipt of benefit/income / / 3. Signed 2024 Federal Tax Return Transcript from the IRS 4. Copy of last paycheck stub, with year-to-date earnings
_____ Change in Household Size • **Separation** • **Divorce** • **Death of Wage Earner**	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Date of separation/divorce/Death / / 3. Signed 2024 Federal Tax Return Transcript from the IRS 4. Divorce Decree, Legal Separation Agreement, or Death Certificate
_____Excessive Medical/Dental Expenses Not Covered By Insurance • **Must Exceed 11% of Adjusted Gross Income**	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Date expenses occurred / / 3. Copies of medical/dental bills and documentation confirming that payment arrangements have been made
_____Unusual Debts (other than discretionary purchases)	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Date expenses occurred / / 3. Copies of bills and documentation confirming that payment arrangements have been made
_____Private School Tuition Expenses for Elementary/Secondary Education	Required Information: 1. Letter of explanation of circumstances from student/parent 2. Date expenses occurred / / 3. Copies of bills and documentation confirming that payment arrangements have been made

SECTION B:

INSTRUCTIONS: Complete using ALL expected income from **January 1, 2026 to December 31, 2026** 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.

2026 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.)	$	$	$	$
Total 2026 Taxed Income	**$**	**$**	**$**	**$**

2026 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	$	$	$	$
Total 2026 Untaxed Income	**$**	**$**	**$**	**$**

SECTION C:

In order to document how the household was maintained in 2026, please complete this form as accurately as possible for the household in which you currently reside. Do not leave any fields blank.

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:

List any cash support you (the student) received/will receive or money that has been/will be paid on your behalf during the 2026 year, which was not included in Section B of this form. Include the source of that income.
Example: $ 1000 from Parents, monetary gift

$_____ 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 Eastern WV Community and Technical College Financial Aid Office 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

Eastern WV Community and Technical College
316 Eastern Drive, Moorefield, WV 26836
Phone: 304-434-8000 Fax: 304-434-7004
Email: FINAID@easternwv.eduu

EASTERN
West Virginia Community & Technical College
FINANCIAL AID OFFICE

2026-2027 Verification (V1) Worksheet

Eastern WV CTC
316 Eastern Drive Moorefield,
WV 26836 Phone: 304-434-8000
FAX: 304-434-7004
FINAID@easternwv.edu

Your 2026–2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. This process will verify that you provided correct information on your FAFSA. If there are differences, your FAFSA information may need to be corrected. You and one parent whose information was reported on the FAFSA must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to our office. Complete and submit this form to the financial aid office as soon as possible otherwise your FAFSA application cannot be processed.

A. Student Information

(NOTE: A student is considered dependent if he/she was required to provide parental information on the FAFSA)

Last Name _____ First Name _____ MI ____ Student ID _____

Date of birth _____ Phone number _____ Eastern College Email _____

Dependency Status: ◯ Dependent ◯ Independent

B. Family Household Information

Provide information on individuals within your "household." The definitions table will let you know who should be listed. *If more space is needed, list them on an attached page with your name and Social Security Number at the top.*

Definitions *(the financial aid award year starts July 1, 2026, and ends June 30,2027)*	
Dependent Student	**Independent Student**
Yourself	Yourself
Your parent(s) listed on your FAFSA, regardless of whether you live with them	Your spouse, if you are married
Your parent(s)' children, for whom they will provide more than half of their financial support during this financial aid award year	Your children, for whom you will provide more than half of their financial support during this financial aid award year
Other individuals living with your parents, for whom your parent(s) will provide more than half of their financial support during this financial aid award year	Other individuals living with you, for whom you'll provide more than half of their financial support during this financial aid award year
Exclude Foster Children	

Full Name	Age	Relationship	College	Will be enrolled at least half-time
John Doe (example)	18	Self	Eastern WV CTC College	Yes

C. Student (and spouse if independent student) – Tax and Income Information

(NOTE: All students should fill out section **C**)

Check only one box below:

☐ I used the Direct Data Exchange (DDX) tool on my FAFSA
☐ I did NOT use the Direct Data Exchange (DDX) tool
- **Attach a copy of your 2024 IRS Tax Return Transcript issued by the IRS**

☐ I worked but did not file a 2024 federal income tax return.
- **List employer(s) below, income received from each in 2024**
- **Attach copy(s) of your IRS 2024 Wage & Income Transcript**
- **Submit an IRS 2024 Statement of Non-filing**

☐ I did NOT work nor file a tax return.
- **List any sources of income below**
- **Submit an IRS 2024 verification of non-filing**

Sources of Income / How YOU supported yourself	2024 Income
EXAMPLE: Wendy's	$2,000

D. Parent(s) (if dependent student) – Tax and Income Information

(NOTE: Only fill out section **D** if you are a dependent student)

Check only one box below:

☐ Parent(s) used the Direct Data Exchange (DDX) tool on my FAFSA
☐ Parent(s) did NOT use the Direct Data Exchange (DDX) tool
- **Attach a copy of your parents 2024 IRS Tax Transcript issued by the IRS**

☐ Parent(s) worked but did not file a 2024 federal tax return
- **List employer(s) below, income received from each in 2024**
- **Attach copy(s) of their IRS 2024 Wage & Income Transcript**
- **Submit an IRS 2024 Statement of Non-filing**

☐ Parent(s) did NOT work nor file a tax return
- **List any sources of income below**
- **Submit an IRS 2024 verification of non-filing**

Sources of income / How PARENT supported you	2024 Income
EXAMPLE: Child Support	$18,000

F. Sign the Worksheet

Certification Statement: If an Independent Student or Parents of a Dependent Student did NOT file a 2024 Tax Return they must provide a Verification of Non-Filing Letter from the IRS for 2024. Independent students who are married, if their spouse did not file a 2024 tax return they must also provide a Verification of Non-Filing Letter from the IRS for their spouse. You obtain a Verification of Non-Filing Letter by using the IRS Form 4506-T (be sure to check box on line 7) or by using the Get Transcript Online option. If you are unable to obtain verification of non-filing from the IRS and you have waited the 15 business days for a response from the IRS, you must document the attempt and contact us for a special statement to sign. Signing this form certifies all information reported on both pages is complete and correct. The student and at least one parent (of a dependent student) must sign and date this form.

By submitting this form, I certify that all the information above is complete and correct.

_____ _____

Student Signature Date

_____ _____

Parent Signature (DEPENDENT) Date

FAO use only: I certify that the copy above is a true and accurate representation of the student's government identification:

_____ _____

Financial Aid Staff Signature Date