

Student's Name: _____ **Bluefield ID #:** _____

Please complete both sides of this form and return it with the documentation listed below. In addition, please attach a signed letter of explanation.

LOSS OF INCOME**Please check the appropriate box, complete both sides of this form and submit it with the documentation listed below.**

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- A parent/spouse has been unemployed or unable to work for at least 30 days in 2018, and the lost income is equal to at least 8% of the total family income earned in 2017.

Submit the following Documentation for this circumstance:

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- A letter from your employer or a copy of the termination which confirms:
- Last date of employment
 - Average number of hours worked per week
 - Number of weeks worked in 2018; and
-
- Total wages earned in 2018 (submit last YTD paystub)
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- Certification of Unemployment Benefits, severance pay, and short term / long term disability
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- Copies of parent and student 2017 W2s and signed 2016 federal tax return transcript
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- Copies of 2017 W2s and 2018 federal tax return transcript (if completed)

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- There has been a decrease in income since 2017 either due to divorce or death of parent/spouse, or change of job.

Submit this Documentation for this circumstance:

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- Copies of last pay stub at original rate and first pay stub at current rate
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- Copies of parent/spouse and student 2017 W2s and signed 2016 federal tax returns with schedules
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- Copies of 2017 W2s and 2018 federal tax returns with schedules, if completed
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- Divorce decree or death certificate

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- No longer receiving Social Security Benefits since reported year.

Submit the following Documentation for this circumstance:

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- Copy of Notice of Termination of Benefits
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- Copies of parent/spouse and student 2017 W2s and signed 2016 federal tax returns with schedules
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- Copies of 2017 W2s and 2018 federal tax returns with schedules, if completed

HIGH OUT OF POCKET MEDICAL EXPENSES**Submit this documentation for high out of pocket medical expenses, if applicable.**

Copies of 2017 W2s and signed 2017 federal tax returns with schedules, including but not limited to Schedule A. If no Schedule A, please submit copies of receipts and an itemized listing of medical/dental/elder care payments made in 2017 and 2018 showing total expenses not covered by insurance.

2019-2020 Special Conditions Form

SPECIAL CIRCUMSTANCE

DATE THIS HAPPENED

- Parent has become unemployed Father Mother
 Parent has become unable to work due to a medical condition or disability.
 Parent's untaxed income or benefits have ended.
 Parent has a one-time income adjustment
 Parents divorced or separated
 Other (explain): _____

Projected 2019 Annual Income and Benefits

- Please include yearly amounts and not monthly amounts
- If the unemployed person worked in 2018 you must use the year-to-date gross pay listed on the last paystub.
- If this is regarding a deceased parent/spouse, please indicate the 2018 income for the surviving parent or spouse.

<i>January 1, 2019 - December 31, 2019</i>	Student	Spouse	Father	Mother
Estimated 2019 Work Income				
Estimated 2019 Unemployment Benefits				
Estimated 2019 Untaxed Benefits (e.g. Welfare Benefits, Social Security/SSI Benefits, etc.)				
Estimated 2019 Support from Family or Friends (include even non cash support)				
Estimated 2019 other Taxed Benefits (e.g. pension)				
Total Estimated Income				

NOTE: If Special Conditions submitted after January 31st, 2019, tax transcripts from 2018 are required

Explanation of Special Circumstances (to be completed by parent or independent student): Please provide specific details about the changes in your financial situation since 2016. Include a timeline of any income changes and relevant employer names.

CERTIFICATION AND SIGNATURES

- Our signatures certify the information reported on this form is accurate to the best our knowledge.
- If any of our projections change, we will immediately notify Financial Aid office in writing.
- We understand additional documentation may be requested.
- We will make arrangements to pay our bill on time and not wait for the outcome of this request for additional financial assistance

Please complete this form in its entirety and submit with all required documentation listed on the first page. The Special Conditions form cannot be reviewed until all required documents are received.

Student Name: _____ Bluefield ID #: _____

Parents/ Spouse name: _____