

## **REVIEW OF FINANCIAL HARDSHIP DUE TO NATURAL DISASTER**

Student Name:	<del></del>	WVU ID:				
This review is for students whose financial circumstances had not already filed the 2017-18 FAFSA, please do so at www. Financial aid can only be utilized for educational expenses generally 3-5 business days.	fafsa.gov. Not a	ıll reviews will result ir	additional aid.			
Indicate the semester you intend to return to school:	Fall 2017	Spring 2018	Undecided	ided		
Do you have a contract/lease for on-campus housing in a	residence hall o	or university apartmer	nt? Yes	No		
If the institution has questions, the best telephone or em	ail to contact is:					
Are you living in emergency or transitional housing due to	o the natural dis	aster? Yes	No			
Describe the type of natural disaster and impact on you a	nd/or your imm	nediate family:				
	<del></del>					

Student Name:	WVU ID:		
Was there loss of employment or reduction of income due to the natural disaster	? Yes	No	
If yes, please provide the following information:			
Name of person(s) who experienced loss of employment or reduction of income:			
Relationship to Student: Self Parent/Step-parent(s)	Stu	dent's spouse	
Answer the following for the person(s) with a loss of employment or a reduction	of income.		
Last Date of Employment:/ Employment: F	ull-time OR	Part-time	
How long do you anticipate you will be unemployed? months	Unkno	wn	
Income for 20: \$ Twelve (12) month estimated or actual total income for 20:	ome from Janua	ry 1-December 31	
Unemployment Benefits: \$ (yearly amount) Attach documentation	on of unemployi	ment benefits	
Attach a copy of the most recent Tax Return Transcript (if you did not use t your FAFSA) and most recent W-2s.	the IRS Data Re	etrieval when completing	
Attach supporting documentation. This includes but is not limited to picture Emergency Management Agency (FEMA), and letters from providers of emergence.	•		
REQUIRED SIGNATURES			
The information provided above is true and accurate to the best of my knowledge additional documentation to support my request.	e. I understand	d I may be asked for	
Student Signature:		//	
Parent Signature:	Date:		
(Required if a dependent student for aid)			

If you have any questions, please do not hesitate to contact us. We are here to help!

## RETURN FORM TO ONE OF THE FOLLOWING LOCATIONS:

Morgantown Campus 2nd Floor Evansdale Crossing PO Box 6004 Morgantown, WV 26506 Phone: (304) 293-1988 Fax: (304) 293-4890 WVUHub@mail.wvu.edu

Health Sciences Center Campus Robert C. Byrd HSC PO Box 9810 Morgantown, WV 26506 Phone: (304) 293-3706 Fax: (304) 293-6861 hscfinaid@mail.wvu.edu Law Campus College of Law PO Box 6130 Morgantown, WV 26506 Phone: (304) 293-5302 Fax: (304) 293-6891 hscfinaid@mail.wvu.edu Keyser Campus 75 Arnold Street Keyser, WV 26726 Phone: (304) 788-6820 Fax: (304) 788-6939 psc-FinAid@mail.wvu.edu Beckley Campus 512 S. Kanawha Street Beckley, WV 25802 Phone: (304) 929-0311 Fax: (304) 442-3052 Tech-Financial-Aid@mail.wvu.edu

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