

REVIEW OF FINANCIAL HARDSHIP

Student Name: _____

WVU ID: _____

You must file a FAFSA for the academic year(s) for which you're applying for a financial hardship review. Not all reviews will result in additional financial aid. You will be notified of the decision to your MIX email generally within 3-5 business days. You are responsible for payment of charges that may be due prior to the decision of the review. Visit mountaineerhub.wvu.edu for payment options.

Academic Year(s) to Review: (Check all that apply)

2016-17 (Fall 2016, Spring 2017, Summer 2017)* 2017-18 (Fall 2017, Spring 2018, Summer 2018)

*Forms for academic year 2016-17 will be reviewed until April 15, 2017 (unless for summer only).

Reason(s) for Financial Hardship: (Check all that apply)

Loss of Employment **Reduction of Income**

Name of person(s) who experienced loss of employment or reduction of income: _____

Relationship to Student: Self Parent/Step-parent(s) Student's spouse

Answer the following for the person(s) with a loss of employment or a reduction of income:

Last Date of Employment: ____/____/____ Employment: Full-time OR Part-time

Has new employment been obtained? Yes No Start Date: ____/____/____ **Attach most recent paystub**

Current Employer(s): _____

Income for 20____: \$ _____ **Twelve (12) month estimated or actual total income from January 1-December 31**
(Year)

Severance Pay: \$ _____ (yearly amount) **Attach documentation of severance pay**

Unemployment Benefits: \$ _____ (yearly amount) **Attach documentation of unemployment benefits**

Retirement Benefits: \$ _____ (yearly amount) **Attach documentation showing amount**

Disability Benefits: \$ _____ (yearly amount) **Attach documentation of benefit amount**

- **Attach** copy of last paystub with year-to-date income and letter of separation from employer.
- **Attach** a copy of the most recent Tax Return Transcript (if you did not use the IRS Data Retrieval when completing your FAFSA) and most recent W-2s.

Separation/Divorce

- **Attach** legal separation papers, copy of divorce decree, letter from your attorney, or separate lease/rental agreements
- **Attach** copy of the most recent paystub or W-2 for the student or parent granted custody
- Indicate number of persons living in the household for the year(s) you're requesting the review: _____

Student Name: _____

WVU ID: _____

Death of Parent/Spouse

- **Attach** copy of the death certificate or obituary of the parent or spouse
- **Attach** copy of most recent paystub or W-2s for the surviving parent
- **Attach** copy of most recent paystub or W-2s for the student (if independent student for aid)
- **Attach** copy of life insurance documentation, if insured

Reduction/Loss of Child Support

- Total expected child support in 2016: \$ _____
- Total expected child support in 2017: \$ _____
- Monthly amount of child support: \$ _____
- Date of reduction or termination of child support: ____/____/____
- **Attach** court documentation supporting the reduction

Healthcare and Dental Expenses (Paid Out-of-Pocket)

- **Attach** Schedule A if you completed Schedule A with your 1040 tax return for 2015 or 2016
- **Attach** receipts for 2015 or 2016 healthcare expenses you paid out of pocket if you did not complete Schedule A

One-time Income

- Describe the one time income: _____
- **Attach** 1099 tax forms or documentation of one-time income
- Explain what the income was used for: _____
- **Attach** documentation to confirm what the income was used for

REQUIRED PARENT AND STUDENT SIGNATURES

The information provided above is true and accurate to the best of my knowledge. I understand I may be asked for additional documentation to support my request. I further agree to notify the institution of any changes. If WVU has questions concerning information provided, the best telephone or email to seek clarification is _____.

Student Signature: _____

Date: ____/____/____

Parent Signature: _____

Date: ____/____/____

(Required if a dependent student for aid)

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

When completed, this form contains information protected under the Family Educational Rights and Privacy Act (FERPA) as part of the Privacy Act of 1974