



2020-2021 Request for Special Condition

Student's Name: \_\_\_\_\_ WP ID: 855 \_\_\_\_\_ WP E-mail: \_\_\_\_\_
Last First

William Paterson recognizes that special circumstances may arise during the 2019 or 2020 calendar year, which can affect you, your spouse, and/ or your parent's ability to contribute towards your education. This request form is designed to help you document this information so that the Office of Financial Aid can attempt to make legally acceptable adjustments to your FAFSA that will help accurately reflect your current financial situation.

Individuals eligible: [ ] Parent(s) of a Dependent Student [ ] Independent Student [ ] Spouse of an Independent Student

Please complete the section that applies to your special circumstance. This form is to be used ONLY if the special circumstance occurred during the 2019 or 2020 calendar year. Please submit legible copies of all required documents to facilitate the processing of this request and make sure to check off the appropriate box: DO NOT complete this form if you voluntarily left your place of employment, lost a full-time or part-time job and still continue to hold employment elsewhere, or were unemployed during 2019 and you are currently working.

Form with four sections: A. UNEMPLOYMENT, B. DISABLED, C. RETIRED, D. DEATH OF PARENT OR SPOUSE. Each section contains numbered questions, checkboxes, and required documentation lists.

[ ] E. DIVORCED/SEPARATED	[ ] F. LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS
Adjustments may be made if the applicant or the students' parents have divorced or separated after filing the 2020/2021 Free Application for Federal Student Aid (FAFSA).	Adjustments may be made if the applicant, the applicant's spouse or parent, received untaxed income or unemployment benefits in 2017, but lost this income in 2019.
1. Student [ ] Parent [ ] 2. Date of separation or divorce _____ 3. Date alimony payments began _____ 4. Weekly amount of alimony \$ _____ 5. Date child support began _____ 6. Weekly amount of child support received _____ for all children _____ <p style="text-align: center;"><b>Required Documentation - Divorced/Separated</b></p> <ul style="list-style-type: none"> <li>• Copy of 2018, 2019, and 2020 (after 2/15/21) <b>IRS Tax Return/ Transcript</b> All pages, schedules and W -2s</li> <li>• <b>If Divorced:</b> Divorce decree</li> <li>• <b>If Separated:</b> Proof of separate residences (lease, mortgage statement, recent utility bill, driver's license, etc.). <b>Cell phone bills and bank statements are not acceptable.</b></li> </ul>	1. Name of person who lost benefits _____ 2. Type of benefit lost _____ 3. Effective date _____ 4. Reason benefits were terminated _____ 5. Total amount received in 2019 \$ _____ 6. Total amount received in 2020 \$ _____ <p style="text-align: center;"><b>Required Documentation - Loss of Untaxed Income/Unemp. Benefits</b></p> <ul style="list-style-type: none"> <li>• Copy of 2018, 2019 and 2020 (after 2/15/21) <b>IRS Tax Return/Transcript</b> All pages, schedules and W -2s</li> <li>• Copy of benefits cancellation letter.</li> </ul>
[ ] G. LOSS OF FULL-TIME WORK	[ ] H. ONE-TIME ONLY WITHDRAWAL (RETIREMENT FUNDS)
The student worked full time (at least 35 hours a week) for at least 30 weeks in 2018, but is no longer working full time. 1. Applicant is currently (check one) [ ] working part-time [ ] unemployed 2. Date and reason of change in employment status _____ 3. If working part-time, <b>answer all questions in SECTION A.</b> 4. If unemployed, <b>answer all questions in SECTION A.</b> <p style="text-align: center;"><b>Required Documentation - Loss of Full-Time Work</b></p> <ul style="list-style-type: none"> <li>• Copy of 2018, 2019, and 2020 (after 2/15/21) <b>IRS Tax Return/Transcript</b> All pages, schedules and W -2s.</li> <li>• Copy of letter of termination from ex-employer (on company letterhead) stating last date of employment and year-to-date earnings or copy of last pay stub.</li> <li>• Copy of "Unemployment Notice to Claimant of Benefit Determination" stating date of claim and total amount of benefits. Employment stubs are not acceptable.</li> </ul>	Please provide a statement that includes: <ul style="list-style-type: none"> <li>• Reason for withdrawal</li> <li>• Source(s)</li> <li>• Why this will be a single occurrence</li> </ul> <p style="text-align: center;"><b>Required Documentation - One-Time Only Withdrawal</b></p> <ul style="list-style-type: none"> <li>• Copy of 2018, 2019, and 2020 (after 2/15/21) <b>IRS Tax Return/Transcript:</b> all pages, schedules and W -2s</li> <li>• Documentation showing how the money was spent, cancelled checks, bills, receipts, bank statements</li> </ul>
[ ] I. UNREIMBURSED PAID MEDICAL EXPENSES	
<p><b>Unreimbursed paid medical expenses which occurred in 2018 or 2019</b></p> Name of person(s) incurring the medical bills _____ <p style="text-align: center;"><b>Required Documentation - Unreimbursed Paid Medical Expenses</b></p> <ul style="list-style-type: none"> <li>• Copy of 2018, 2019, and 2020 (after 2/15/21) <b>IRS Tax Return/ Transcript:</b> all pages, schedules and W -2s</li> <li>• Submit a copy of <b>Schedule A.</b></li> <li>• If no <b>Schedule A</b> was filed, submit a numbered legible list (please be clear and specific) of <b>unreimbursed paid</b> medical expenses and attach organized copies of cancelled checks (front and back), receipts, or a statement from the insurance company indicating the amount of unreimbursed expenses to support the provided list. Provide a total of the expenses.</li> </ul>	

CHANGE IN FAMILY CIRCUMSTANCES: Examples of **UNACCEPTABLE** Conditions

- **Loss or change in amount of overtime in the projected year**
- **Loss of second or part-time job**
- **Reduction in salary**
- **Furlough**
- **10 week waiting period not met for unemployment**
- **Student did not work for 35 hours per week for 30 weeks in base year**
- **Removal of gambling winnings, cancelled debt (such as from a credit card)**
- **Change from one full-time job to another resulting in reduced income**
- **Reduction in savings, assets, and/or investments**

PLEASE RETURN THIS FORM AND ITS ATTACHMENTS TO THE FINANCIAL AID OFFICE

I/ we hereby certify that the information on this form is true and correct to the best of my/our knowledge.

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's signature (if dependent) \_\_\_\_\_

