

2023-2024 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 2022 or 2023 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 2022 or 2023 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 2022 and you are currently working.							
[] A. UNEMPLOYMENT			[] B. DISABLED				
1. Name of unemployed person		1. Name of disabled pers	son				
2. Relationship to student		2. Relationship to studen	it				
3. Date of unemployment		3. Date of disability					
4. Date unemployment benefits began		4. Date worker's comper	isation or other				
5. Date unemployment benefits ended	-	disability benefits beg					
6. Weekly unemployment benefits		5. Weekly amount of wo	rker's compensation				
7. Earnings in 2022 prior to 2023 unemployment		or other disability ber		\$			
or earnings in 2022 if unemployment took place			in question 5 that is taxable				
in 2023	\$		question 5 that is untaxable	\$			
8. Date severance pay began		7. Earnings in 2022 prior	•	<u>\$</u>			
Total amount of severance paid Date severance pay will terminate		8. Is the disability perma		[] Yes [] No			
9. Has the person returned to work?	[] Yes [] No	of your family's Socia	•	¢			
·	[] 163 [] 110		·	7			
If yes, enter date		- Date social security b	_				
10. If yes, enter gross weekly amount	\$	b. If no, give the antici to work	pated date of return				
		- Estimate salary to be	a parned from date of				
		return to work till th		\$			
Required Documentation - Unemployment			uired Documentation - Disal	•			
Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript		Copy of 2021, 2022, and 20223 (after 2/15/24) IRS Tax Return/Transcript					
All pages, schedules and W -2s.		All pages, schedules and W -2s.					
Copy of last pay stub that shows year to date income.		Copy of letter from employer (on company letterhead) stating					
Unemployment benefits determination letter that shows weekly		last date of employment and year-to-date earnings, or copy of last					
amount of employment benefits OR denial of unemployment		pay stub.					
		• •	ompensation benefits docum	· ·			
		•	stating date of claim and am	ount of			
[] C. RETIRED		benefits. [] D. DEATH OF PARENT OR SPOUSE					
1. Name of retired person		1. Name of deceased per		OOJL			
2. Date of retirement		2. Relationship to studer					
3. Date pension began		3. Date of death					
4. a. List the amount of pension that is taxable	\$	4. Date Social Security be	enefits began				
b. List the amount of pension that is untaxable	\$	(Or will begin)	· ·				
5. Date social security benefits began		5. Monthly amount of fa	amily's social				
(Or will begin)	·	security benefits		\$			
6. Monthly amount of family's social		6. Life insurance proceed	s received or to be received \$	<u> </u>			
security benefits	\$						
7. Earnings in 2022 prior to retirement \$							
Required Documentation - Ret	ired	Required Docu	umentation - Death of Parei	nt or Snouse			

- Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript: All pages, schedules and W -2s.
- Copy of pension and/or social security documentation indicating start date and benefit amount.
- Copy of last pay stub that shows year to date income.
- Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript: All pages, schedules and W -2s.
- Copy of death certificate(s).
- Copy of monthly amount of family's social security benefits.

[] E. DIVORCED/SEPARATED	[] F. LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS				
Adjustments may be made if the applicant or the students' parents	Adjustments may be made if the applicant, the applicant's spouse or				
have divorced or separated after filing the 2023/2024 Free Application for Federal Student Aid (FAFSA).	parent, received untaxed income or unemployment benefits in 2020, but lost this income in 2022.				
1. Student [] Parent []	1. Name of person who lost benefits				
2. Date of separation or divorce	2. Type of benefit lost				
3. Date alimony payments began	3. Effective date				
4. Weekly amount of alimony \$	4. Reason benefits were terminated				
5. Date child support began	5. Total amount received in 2022	\$			
6. Weekly amount of child support received	6. Total amount received in 2023	\$			
for all children					
Required Documentation - Divorced/Separated	Required Documentation - Loss of Untaxed Income/Unemp. Benefits				
• Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript	• Copy of 2021, 2022 and 2023 (after 2/15/24) IRS Tax Return/Transcript				
All pages, schedules and W -2s.	All pages, schedules and W -2s.				
• If Divorced: Divorce decree.	Copy of benefits cancellation letter.				
• If Separated: Proof of separate residences (lease, mortgage statement,					
recent utility bill, driver's license, etc.). Cell phone bills, cable bills and					
bank statements are not acceptable.					
[] 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	Please provide a statement that includes:				
weeks in 2021, but is no longer working full time.	Reason for withdrawal				
1. Applicant is currently (check one) [] working part-time	• Source(s)				
[] unemployed	 Why this will be a single occurrence 				
Date and reason of change in employment status					
3. If working part-time, answer all questions in SECTION A.					
4. If unemployed, answer all questions in SECTION A.					
Required Documentation - Loss of Full-Time Work	Required Documentation - One-Time Only Withdrawal				
 Copy of 2021, 2022, and 2023(after 2/15/24) IRS Tax Return/Transcript 	• Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript:				
All pages, schedules and W -2s.	all pages, schedules and W -2s				
• Copy of letter of termination from ex-employer (on company letterhead)	Documentation showing how the money was spent, cancelled checks,				
stating last date of employment and year-to-date earnings or copy of	bills, receipts, bank statements.				
last, pay stub.					
Copy of "Unemployment Notice to Claimant of Benefit Determination"					
stating date of claim and total amount of benefits. Employment					
stubs are not acceptable.					
	AID MEDICAL EXPENSES				
Unreimbursed paid medical expenses which occurred in 2021 or 2022					
Name of person(s) incurring the medical bills		<u> </u>			
Required Documentation - Unry	eimbursed Paid Medical Expenses				
• Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript: A					
• Submit a copy of Schedule A.	[0,				
 If no Schedule A was filed, submit a numbered legible list (please be clear and specific) of unreimbursed paid 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.					
<u> </u>					
CHANGE IN FAMILY CIRCUMSTANCES: Examples of UNACCEPTABLE Conditions					
CHANGE IN TAMEL CINCOMSTANCES. Examples of ONACCEPTA	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)	Date