William Paterson University

2024-2025 Request for Special Condition

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

William Paterson recognizes that unusual circumstances may arise during the 2023 or 2024 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 **2023** or **2024** 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: <u>DO NOT</u> 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 2023-and you are currently working.

[] A. UNEMPLOYMENT		[] B. DISABLED		
1. Name of unemployed person		1. Name of disabled person		
2. Relationship to student		2. Relationship to student		
3. Date of unemployment		3. Date of disability		
4. Date unemployment benefits began		4. Date worker's compensation or other		
5. Date unemployment benefits ended		disability benefits began		
6. Weekly unemployment benefits		5. Weekly amount of worker's compensation		
7. Earnings in 2023 prior to 2024 unemployment		or other disability benefits \$		
or earnings in 2023 if unemployment took place		6. a. List the amount in question 5 that is taxable <u>\$</u>		
in 2024	<u>\$</u>	b. List the amount in question 5 that is untaxable <u>\$</u>		
8. Date severance pay began		7. Earnings in 2023 or 2024 prior to disability <u>\$</u>		
Total amount of severance paid		8. Is the disability permanent? [] Yes [] No		
Date severance pay will terminate		a. If yes, indicate the monthly amount		
9. Has the person returned to work?	[] Yes [] No	of your family's Social Security benefits		
If yes, enter date		- Date social security benefits began		
10. If yes, enter gross weekly amount	<u>\$</u>	b. If no, give the anticipated date of return		
		to work		
		- Estimate salary to be earned from date of		
		return to work till the end of the year \$		
Required Documentation - Unemp		Required Documentation - Disabled		
 Copy of 2022, 2023, and 2024 (after 2/15/25) IRS Ta 	ax Return/Transcript	• Copy of 2022, 2023, and 2024 (after 2/15/25) 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 inco 		 Copy of letter from employer (on company letterhead) stating 		
Unemployment benefits determination letter that s	-	last date of employment and year-to-date earnings or copy of last		
amount of employment benefits OR denial of unen	nployment	pay stub.		
		Official copy worker's compensation benefits documents and/or		
		social security benefits stating date of claim and amount of		
		benefits.		
[] C. RETIRED		[] D. DEATH OF PARENT OR SPOUSE 1. Name of deceased person		
 Name of retired person Date of retirement 		2. Relationship to student		
3. Date pension began		3. Date of death		
4. a. List the amount of pension that is taxable	Ś	4. Date Social Security benefits began		
-	<u>\$</u> \$	(Or will begin)		
5. Date social security benefits began	<u>, </u>	5. Monthly amount of family's social		
(Or will begin)		security benefits \$		
6. Monthly amount of family's social		6. Life insurance proceeds received or to be received \$		
security benefits	¢	7. Earnings in 2023 or 2024 prior death \$		
7. Earnings in 2023 or 2024 prior to retirement	<u>\$</u>	γγ		
Required Documentation - Ret	1	Required Documentation - Death of Parent or Spouse		
 Copy of 2022, 2023, and 2024 (after 2/15/25) IRS T 		Copy of 2022, 2023, and 2024 (after 2/15/25) IRS Tax Return/Transcript:		
All pages, schedules and W -2s.	· · · · · · · · · · · · · · · · · · ·	All pages, schedules and W -2s.		
 Copy of pension and/or social security documenta 	ation indicating	Copy of death certificate(s).		
start date and benefit amount.		• Copy of monthly amount of family's social security benefits.		
 Copy of last pay stub that shows year to date inco 	me.			

[] 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 2024/2025 Free Application	parent, received untaxed income or unemployment benefits in 2022,					
for Federal Student Aid (FAFSA).	but lost this income in 2023.					
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 <u>\$</u>	4. Reason benefits were terminated					
5. Date child support began	5. Total amount received in 2023 <u>\$</u>					
6. Weekly amount of child support received	6. Total amount received in 2024 <u>\$</u>					
for all children						
Required Documentation - Divorced/Separated	Required Documentation - Loss of Untaxed Income/Unemp. Benefits					
• Copy of 2022, 2023, and 2024 (after 2/15/25) IRS Tax Return/Transcript	• Copy of 2022, 2023 and 2024 (after 2/15/25) 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.). <i>Cell phone bills, cable bills and</i>						
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 2022, 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					
2. Date and reason of change in employment status	-					
2. If working part time, answer all substitute in SECTION A	-					
3. If working part-time, answer all questions in SECTION A.						
4. If unemployed, answer all questions in SECTION A.	Described Description One Time Only Withdrawal					
Required Documentation - Loss of Full-Time Work	Required Documentation - One-Time Only Withdrawal					
• Copy of 2022, 2023, and 2024(after 2/15/25) IRS Tax Return/Transcript All pages, schedules and W -2s.	• Copy of 2022, 2023, and 2024 (after 2/15/25) IRS Tax Return/Transcript :					
 Copy of letter of termination from ex-employer (on company letterhead) 	all pages, schedules and W -2s • 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.						
[] I. UNREIMBURSED PAID MEDICAL EXPENSES						
Unreimbursed paid medical expenses which occurred in 2022 or 2023 and were claimed on Schedule A of the 2022 or 2023 tax return						
Name of person(s) incurring the medical bills	Expenses incurred for (patient name)					
Required Documentation - Unreimbursed Paid Medical Expenses						
• Copy of 2022, 2023, and 2024 (after 2/15/25) IRS Tax Return/Transcript: All pages, schedules and W -2s.						
• Submit a copy of Schedule A .						
• 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.						

Verification If the student's FAFSA is selected for federal verification, that process must be completed before this appeal can be considered.

Processing Time

Please allow 4-6 weeks for processing after all the documents have been received. We recommend that you make payment arrangements based on your Original award package to avoid late fees.

By signing this worksheet, I (we) certify that all the information reported on this worksheet is true, complete, and correct. I (we) agree to provide any other documentation requested by WPU for the review of this request. I (we) authorize WPU to release the reported/revised information to update State of New Jersey and Federal financial aid records. If the student is a dependent, at least one parent whose information is reported on the FAFSA must sign. If the spouse of a student is appealing an extenuating circumstance, then he/she must sign along with the student. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Date

Parent # 1 Signature (Required for Dependent Student) Date