

WILLIAM PATERSON UNIVERSITY - FINANCIAL AID OFFICE  
**SPECIAL CONDITION REQUEST FOR REVIEW – 2008-2009**

A family can experience a change in financial circumstances **due to a CURRENT negative situation**. The FAFSA may be re-evaluated after the student has submitted a processed 2008-2009 Free Application for Federal Student Aid (FAFSA) and all required verification information.

**SEE BACK OF THIS FORM FOR A LIST OF REQUIRED DOCUMENTATION.**

Please CHECK BELOW (✓) the appropriate circumstance & answer ALL questions below the item. Students and parents must provide documentation on ALL sources of 2008 Income and SIGN BELOW. Review the back of this form.

Print Student Name: \_\_\_\_\_ Social Security #: 855 \_\_\_\_\_

- Unemployment** of a parent, student or student's spouse

Name of unemployed person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Reason for unemployment: Layoff \_\_\_\_\_ Termination \_\_\_\_\_ Retirement \_\_\_\_\_ Disability \_\_\_\_\_  
Last date of work: \_\_\_/\_\_\_/\_\_\_ Weekly amount of Unemployment Benefits: \$ \_\_\_\_\_  
What is the total amount of severance and/or vacation pay, if any, to be received in **2008**? \$ \_\_\_\_\_  
Has person returned to work?  Yes  No If yes, indicate date: \_\_\_/\_\_\_/\_\_\_  
If yes, indicate monthly gross income from new job: \$ \_\_\_\_\_

- Divorce or separation** of student or student's parents which occurred in **2008** or **2009**.

Date of Divorce or Separation: \_\_\_/\_\_\_/\_\_\_ Name of parent student lives with? \_\_\_\_\_  
Weekly amount of support received by this parent:  
Child Support (for all children): \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_ Household Support: \$ \_\_\_\_\_

- Death** of parent or spouse which occurred in **2008** or **2009**.

Name of deceased person: \_\_\_\_\_ Date of Death: \_\_\_/\_\_\_/\_\_\_  
Date Social Security Benefits began: \_\_\_\_\_ Monthly amount for all family members: \$ \_\_\_\_\_

- Loss of 2007 Untaxed Income or Benefits**, such as, social security, child support, pension, etc.

Person who lost benefits: \_\_\_\_\_ Type of benefits lost: \_\_\_\_\_  
Date benefits lost: \_\_\_/\_\_\_/\_\_\_ Total received **2007**: \$ \_\_\_\_\_ Total received in **2008**: \$ \_\_\_\_\_

- Unreimbursed Paid **Medical Expenses** in 2007.

Name of person(s) incurring the expenses: \_\_\_\_\_  
Nature of illness: \_\_\_\_\_

- Student Loss of FULL-TIME Work** (Student worked **at least 35 hours a week for at least 30 weeks in 2007**, but is no longer working full-time). Do not submit if student did not work full-time for 30 weeks in 2007.

Applicant is currently working  part-time or  unemployed. If unemployed, complete **Unemployment** section above.  
Reason for change in employment status: \_\_\_\_\_  
If working part-time, what are the expected wages for 2008? \$ \_\_\_\_\_

- Other**. Attach a detailed letter of explanation. See back of form for circumstances which will NOT be considered.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Required Documents for Special Condition Requests

**A SIGNED copy of the student's and parent's, if dependent, 2007 Federal Income Tax Return, including all pages, schedules & W-2 forms, MUST be submitted with all requests.** In addition to the required documents the student/parent may write a letter describing extenuating circumstances

### **Unemployment/Retirement/Disability (Submit all items which are available):**

- Copy of "Notice to Claimant of Benefit Determination" from unemployment office.
- Notice of termination from former employer with indication of last date of employment.
- Last pay stub(s) from former employer (and all other 2008 employers)
- Verification of retirement (Pension, Social Security, and any other benefits)
- Verification of all disability payments including source, weekly/monthly amount, beginning date, ending date, & if disability is taxable or untaxable.

### **Divorce or separation (must have occurred in 2008 or 2009)**

- Divorce decree or legal separation document
- If legal papers are not available, submit verification of differing addresses. This may be driver's licenses, utility bills, signed lease, employer verification, car insurance bill, etc.

### **Death of parent or spouse (must have occurred in 2008 or 2009)**

- Death certificate, obituary notice or bill from funeral home

### **Loss of Untaxed Income or Benefits**

- Statement from agency which terminated benefits.

### **Unreimbursed Paid Medical Expenses**

- Copy of Schedule A from 2007 Federal Income Tax Return
- If **no** Schedule A was filed, cancelled checks and/or receipts showing amount paid AND statements from insurance company indicating unreimbursed expenses. You are responsible for submitting a legible list of expenses with a total that can be verified by the documents submitted.

### **Other**

- Any relevant documentation to support the request.

### ***Please note that the following conditions will NOT be considered:***

- Parent /step-parent unwilling to provide information on a FAFSA and/or to assist in paying for college.
- Expenses related to consumer debt, such as, credit card debt, car/insurance payments, mortgages, income or real estate taxes.
- Families with prior Special Conditions whom underestimated their income
- Reductions in pay due to voluntary overtime
- Bankruptcy proceedings
- Gambling/ lottery winnings, bonuses, inheritances, settlements, etc. that are not expected to reoccur.

***Return this request with documentation to:*** Financial Aid Office (Raubinger Hall, lower level)

William Paterson University

Phone #: 973-720-2202

300 Pompton Road

Fax #: 973-720-3133

Wayne, NJ 07470