



WILLIAM PATERSON UNIVERSITY

FINANCIAL AID OFFICE
300 POMPTON ROAD • WAYNE, NEW JERSEY 07470-2103
973.720.2202 FAX 973.720.3133

2009-2010 Request for Special Condition

Student's Name: _____ Banner ID: _____
Last First

This completed and signed form must be returned to the Financial Aid Office. **Submit legible copies** of all required documents to facilitate the processing of this request.

A) UNEMPLOYMENT	B) DISABILITY
Adjustments may be allowed for an independent student, an independent student's spouse, or a dependent student's parent(s). The person who has become unemployed must be unemployed for a minimum of 10 weeks in order for a recalculation of eligibility. Forms submitted prior to the completion of 10 weeks of unemployment will be returned.	Adjustments may be allowed for an independent student, an independent student's spouse, or a dependent student's parent(s).
1. Name of unemployed person _____ 2. Date of unemployment _____ 3. Date unemployment benefits began _____ 4. Weekly unemployment benefits \$ _____ 5. Earnings in 2009 prior to unemployment \$ _____ 6. Has the person returned to work? ___ yes ___ no If yes, enter date _____ (report information even if person is working part-time) 7. If yes, enter gross weekly amount \$ _____ 8. Is the person receiving severance pay? ___ yes ___ no Date severance pay began _____ Date severance pay will terminate _____	1. Name of disabled person _____ 2. Date of disability _____ 3. Date worker's compensation or other disability benefits began _____ 4. Weekly Amount of worker's compensation or other disability benefits \$ _____ 5. These amounts are _____ taxed _____ untaxed 6. Earnings in 2009 prior to disability \$ _____ 7. Is the disability permanent? ___ yes ___ no *If yes, indicate the monthly amount of your family's social security benefits \$ _____ Date Social Security benefits began _____ *If no, give the anticipated date of return to work _____ estimated gross weekly salary \$ _____
Required Documentation <ul style="list-style-type: none"> Signed copy of 2008 (and 2009 after 2/15/10) Federal Income Tax Return: all pages, schedules and W-2s. 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. Copy of "Unemployment Notice of Claimant of Benefit Determination" stating date of claim and total amount of benefits. <i>Unemployment stubs are not acceptable.</i> 	Required Documentation <ul style="list-style-type: none"> Signed copy of 2008 (and 2009 after 2/15/10) Federal Income Tax Return: all pages, schedules and W-2s Copy of letter of employer (on company letterhead) stating last date of employment and year-to-date earnings or copy of last pay stub Copy of official 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
Adjustments may be allowed for an independent student, an independent student's spouse, or a dependent student's parent(s).	Adjustments may be allowed for death of an independent student's spouse, or a dependent student's parent(s).
1. Name of retired person _____ 2. Date of retirement _____ 3. Date pension began _____ 4. Monthly amount of pension \$ _____ This pension is _____ taxed _____ untaxed 5. Date Social Security benefits began _____ 6. Monthly amount of Family's Social Security benefits \$ _____ 7. Earnings in 2009 prior to retirement \$ _____	1. Name of deceased person _____ 2. Date of death _____ 3. Date Social Security benefits began _____ 4. Monthly amount of family's Social Security benefits \$ _____ 5. Life Insurance proceeds received or to be received \$ _____
Required Documentation <ul style="list-style-type: none"> Signed copy of 2008 (and 2009 after 2/15/10) Federal Income Tax Return: all pages, schedules and W-2s Copy of pension and/or social security documentation indicating start date and benefit amount 	Required Documentation <ul style="list-style-type: none"> Signed copy of 2008 (and 2009 after 2/15/10) Federal Income Tax Return: all pages, schedules and W-2s Copy of death certificate(s) Copy of life insurance proceeds and/or Social Security benefits documentation

E) DIVORCED/SEPARATED	F) LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS
Adjustments may be made if the applicant or the student's parents have divorced or separated after filing the 2009/2010 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 2008, but lost this income in 2008 or 2009.
1. Date of separation _____ or divorce _____ 2. Date alimony payments began _____ 3. Weekly amount of alimony \$ _____ 4. Date child support began _____ 5. Weekly amount of child support received for all children \$ _____	1. Name of person who lost benefits _____ 2. Type of benefit lost _____ 3. Effective date _____ 4. Total amount received in 2008 \$ _____ 5. Total amount received in 2009 \$ _____
<p style="text-align: center;">Required Documentation</p> <ul style="list-style-type: none"> Signed copy of 2008 (and 2009 after 2/15/10) Federal Income Tax Return: all pages, schedules and W-2s. Copy of divorce decree or separation Agreement documenting the following; separate addresses for parties seeking legal action, custody information, alimony information, and child support information. 	<p style="text-align: center;">Required Documentation</p> <ul style="list-style-type: none"> Signed copy of 2008 (and 2009 after 2/15/10) Federal Income Tax Return: all pages, schedules and W-2s. Copy of benefits cancellation letter.

G) LOSS OF FULL-TIME WORK
The student worked full time (at least 35 hours a week) for at least 30 weeks in 2008, 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, answer all questions in item "A" about the applicant. 4. If unemployed, answer all questions in item "A" about the applicant.
<p style="text-align: center;">Required Documentation</p> <ul style="list-style-type: none"> Signed copy of 2008 (and 2009 after 2/15/10) Federal Income Tax Return: all pages, schedules and W-2s. 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. Copy of "Unemployment Notice of Claimant of Benefit Determination" stating date of claim and total amount of benefits. Unemployment stubs are not acceptable.

H) UNREIMBURSED PAID MEDICAL EXPENSES
Paid medical expenses which occurred in 2008 or 2009
Name of person(s) incurring in the medical bills _____
<p style="text-align: center;">Required Documentation</p> <ul style="list-style-type: none"> Signed copy of 2008 (and 2009 after 2/15/10) Federal Income Tax Return: all pages, schedules and W-2s. Submit a copy of Schedule "A." If no schedule "A" was filed, submit a list (please be clear and specific) of unreimbursed paid medical expenses and attached copies of cancelled checks (front and back), receipts, or a statement from insurance company indicating the amount of unreimbursed expenses to support the provided list. Provide a total of the expenses.

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
---------------------	------	-----------------------------------	------

FOR OFFICE USE ONLY

- This form must be coded in screen RRAAREQ with the corresponding mnemonic: **SPCND = Special Condition SPCNA = Special Condition Accepted/Approved - SPCNN = Special Condition Denied (No) - SPCNI = Special Condition Incomplete SPCR=Special Condition Returned**
- Enter "**ANEC**" in RRAAREQ and place message in RHACOMM
- The Professional Judgment Worksheet may be used for additional assistance.
- Unemployment and Disability benefits are for 39 weeks - TBD
- Workers' compensation will vary depending on the company
- Submit updated information to the Federal and State Governments!**

Other information/comments/missing items: _____

Special Condition decision (please circle one): Approved/Denied Initials: _____ Date: _____