WP William Paterson University

2013-2014 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 **2012 or 2013** 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 **2012 or 2013** 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, have had a reduction in hours or salary, or were unemployed during 2012 and you are currently working.*

[ ] A. UNEMPLOYMENT

1. Name of unemployed person   _____
2. Relationship to student   _____
3. Date of unemployment   _____
4. Date unemployment benefits began   _____
5. Date unemployment benefits ended   _____
6. Weekly unemployment benefits $ _____
7. Earnings in 2013 prior to unemployment $_____
8. Date severance pay began   _____
   Total amount of severance paid   _____
   Date severance pay will terminate   _____
9. Has the person returned to work?   [ ] Yes   [ ] No
   If yes, enter date   _____
10. If yes, enter gross weekly amount   _____

Required Documentation

- Copy of 2012 (and 2013 after 2/15/14) *IRS Tax Transcript*: all pages, schedules and W-2s.
- Copy of copy of last pay stub in 2013 that shows year to date income for 2013.
- Unemployment benefits determination letter that shows weekly amount of employment benefits **OR** denial of unemployment benefits with explanation.

[ ] B. DISABLED

1. Name of disabled person   _____
2. Relationship to student   _____
3. Date of disability   _____
4. Date worker's compensation or other disability benefits
     began   _____
5. Weekly amount of worker's compensation or other
     disability benefits $ _____
6. These amounts are   _____ taxed   _____ untaxed
7. Earnings in 2013 prior to disability $ _____
8. 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 _____

     Estimate salary to be earned from date of return to work till the
     end of the year. $_____

Required Documentation

- Copy of 2012 (and 2013 after 2/15/14) *IRS Tax Transcript*: all pages, schedules and W-2s
- Copy of letter from employer (on company letterhead) stating last date of employment and year-to-date earnings, or copy of last pay stub.
- Official copy worker's compensation benefits documents and/or social security benefits stating date of claim and amount of benefits.

[ ] C. RETIRED

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   _____
                                   (Or will begin)
6. Monthly amount of Family's
     social security benefits $ _____
7. Earnings in 2013 prior to retirement $ _____

Required Documentation

- Copy of 2012 (and 2013 after 2/15/14) *IRS Tax 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 in 2013 that shows year to date income for 2013.

[ ] D. DEATH OF PARENT OR SPOUSE

1. Name of deceased person   _____
2. Relationship to student   _____
3. Date of death   _____
4. Date Social Security benefits began   _____
                                   (Or will begin)
5. Monthly amount of family's social
     security benefits $_____

Required Documentation

- Copy of 2012 (and 2013 after 2/15/14) *IRS Tax 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 student's parents have divorced or separated after filing the 2013/2014 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 2012, but lost this income in 2013.
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 $ _____	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 2013 $_____ 6. Total amount received in 2014 $_____
Required Documentation	**Required Documentation**

- Copy of 2012 (and 2013 after 2/15/14) *IRS Tax Transcript*: all pages, schedules and W-2s.
 	
  - **If Divorced**: Divorce decree
  - **If Separated**: Proof of separate residences (lease, mortgage statement, recent utility bill, driver's license, etc.). **Cell phone bills are not acceptable**
  .
	- Copy of 2012 (and 2013 after 2/15/14) *IRS Tax Transcript*: all pages, schedules and W-2s.
	- Copy of benefits cancellation letter if available.

[ ] G. LOSS OF FULL-TIME WORK
The student worked full time (at least 35 hours a week) for at least 30 weeks in 2012, 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 section "A"** about the applicant.
Required Documentation
- Copy of 2012 (and 2013 after 2/15/14) IRS Tax Transcript: 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 to Claimant of Benefit Determination" stating date of claim and total amount of benefits. Employment stubs are not acceptable.

[ ] H. UNREIMBURSED PAID MEDICAL EXPENSES
Paid medical expenses which occurred in 2012 or 2013
Name of person(s) incurring in the medical bills_____
Required Documentation
- Copy of 2012 (and 2013 after 2/15/14) *IRS Tax 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 attached organized 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.

CHANGE IN FAMILY CIRCUMSTANCES: Example of <u>*UNACCEPTABLE*</u> *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) or a onetime occurrence of TAXED income*
- *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

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   **SPCNI**= Special Condition Incomplete
  SPCR= Special Condition Returned
  Special Condition decision: **[ ] Approved**   **[ ] Denied**   Date: _____

revised 3/06/13