



2025-2026 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 2024 or 2025 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 2024 or 2025 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 2024 and you are currently working.**

<input type="checkbox"/> A. UNEMPLOYMENT	<input type="checkbox"/> 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 disability benefits began _____
5. Date unemployment benefits ended _____	5. Weekly amount of worker's compensation or other disability benefits \$ _____
6. Weekly unemployment benefits _____	6. a. List the amount in question 5 that is taxable \$ _____
7. Earnings in 2024 prior to 2025 unemployment or earnings in 2024 if unemployment took place in 2025 \$ _____	b. List the amount in question 5 that is untaxable \$ _____
8. Date severance pay began _____	7. Earnings in 2024 or 2025 prior to disability \$ _____
Total amount of severance paid _____	8. Is the disability permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date severance pay will terminate _____	a. If yes, indicate the monthly amount of your family's Social Security benefits \$ _____
9. Has the person returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Date social security benefits began _____
If yes, enter date _____	b. If no, give the anticipated date of return to work _____
10. If yes, enter gross weekly amount \$ _____	- Estimate salary to be earned from date of return to work till the end of the year \$ _____
Required Documentation - Unemployment <ul style="list-style-type: none">• Copy of 2023, 2024, and 2025 (after 2/15/26) IRS Tax Return/Transcript All pages, schedules and W -2s.• Copy of last pay stub that shows year to date income.• Unemployment benefits determination letter that shows weekly amount of employment benefits OR denial of unemployment	Required Documentation - Disabled <ul style="list-style-type: none">• Copy of 2023, 2024, and 2025 (after 2/15/26) IRS Tax Return/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.
<input type="checkbox"/> C. RETIRED	<input type="checkbox"/> D. DEATH OF PARENT OR SPOUSE
1. Name of retired person _____	1. Name of deceased person _____
2. 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 \$ _____	4. Date Social Security benefits began (Or will begin) _____
b. List the amount of pension that is untaxable \$ _____	5. Monthly amount of family's social security benefits \$ _____
5. Date social security benefits began (Or will begin) _____	6. Life insurance proceeds received or to be received \$ _____
6. Monthly amount of family's social security benefits \$ _____	7. Earnings in 2024 or 2025 prior death \$ _____
7. Earnings in 2024 or 2025 prior to retirement \$ _____	Required Documentation - Death of Parent or Spouse <ul style="list-style-type: none">• Copy of 2023, 2024, and 2025 (after 2/15/26) 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.
Required Documentation - Retired <ul style="list-style-type: none">• Copy of 2023, 2024, and 2025 (after 2/15/26) 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.	

[] E. DIVORCED/SEPARATED	[] F. LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS
Adjustments may be made if the applicant or the students' parents have divorced or separated after filing the 2025/2026 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 2023, but lost this income in 2024.
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 2024 \$ _____ 6. Total amount received in 2025 \$ _____
Required Documentation - Divorced/Separated <ul style="list-style-type: none"> • Copy of 2023, 2024, and 2025 (after 2/15/26) IRS Tax Return/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, cable bills and bank statements are not acceptable. 	Required Documentation - Loss of Untaxed Income/Unemp. Benefits <ul style="list-style-type: none"> • Copy of 2023, 2024 and 2025 (after 2/15/26) IRS Tax Return/Transcript All pages, schedules and W -2s. • Copy of benefits cancellation letter.
[] 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 weeks in 2023, 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 _____	Please provide a statement that includes: <ul style="list-style-type: none"> • Reason for withdrawal • Source(s) • Why this will be a single occurrence
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 <ul style="list-style-type: none"> • Copy of 2023, 2024, and 2025(after 2/15/26) IRS Tax Return/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. 	Required Documentation - One-Time Only Withdrawal <ul style="list-style-type: none"> • Copy of 2023, 2024, and 2025 (after 2/15/26) IRS Tax Return/Transcript: all pages, schedules and W -2s • Documentation showing how the money was spent, canceled checks, bills, receipts, bank statements.
[] I. UNREIMBURSED PAID MEDICAL EXPENSES	
Unreimbursed paid medical expenses which occurred in 2023 or 2024 and were claimed on Schedule A of the 2023 or 2024 tax return Name of person(s) incurring the medical bills _____ Expenses incurred for (patient name) _____	
Required Documentation - Unreimbursed Paid Medical Expenses <ul style="list-style-type: none"> • Copy of 2023, 2024, and 2025 (after 2/15/26) 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 canceled 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.

Student Signature _____ Date _____

Parent # 1 Signature (Required for Dependent Student) _____ Date _____

Spouse Signature _____ Date _____

Parent # 2 Signature (Required for Dependent Student) _____ Data _____