

• Copy of last pay stub that shows year to date income.

2021-2022 Request for Special Condition

Student's Name:		WP ID: <u>855</u>	WP E-mail:		
Last First William Paterson recognizes that special circumstances may arise during the 2020 or 2021 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 De	pendent Student []Independent Student	[] Spouse of an Indep	oendent 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 2020 or 2021 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 2020 and you are currently working.					
[] A. UNEMPLOYMENT			[] B. DISABLED		
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 compensa	ation or other		
5. Date unemployment benefits ended		disability benefits begar			
6. Weekly unemployment benefits		5. Weekly amount of work	•		
7. Earnings in 2020 prior to 2021 unemployment		or other disability benef		\$	
or earnings in 2021 if unemployment took place	ć		question 5 that is taxable		
in 2021	÷	7. Earnings in 2020 prior to	estion 5 that is untaxable	ξ <u></u>	
8. Date severance pay began Total amount of severance paid	<u> </u>	8. Is the disability permane	•	[] Yes [] No	
Date severance pay will terminate		a. If yes, indicate the mo		[] 103 [] 110	
9. Has the person returned to work?		of your family's Social S	· ·	\$	
If yes, enter date	[] Yes [] No	- Date social security ber	=		
10.If yes, enter gross weekly amount		b. If no, give the anticipa	=		
		to work			
		- Estimate salary to be e	arned from date of		
		return to work till the	end of the year	\$	
Required Documentation - Unemp	<u>loyment</u>	Require	Required Documentation - Disabled		
 Copy of 2019, 2020, and 2021 (after 2/15/22) IRS 	Tax Return/Transcript	• Copy of 2019, 2020, and 2021 (after 2/15/22) 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 income. 		Copy of letter from employer (on company letterhead) stating			
Unemployment benefits determination letter that shows weekly		last date of employment and year-to-date earnings, or copy of			
amount of employment benefits OR denial of unemployment			last, pay stub.		
		Official copy worker's compensation benefits documents and/or social security benefits stating date of claim and amount of			
		benefits.	tating date of claim and a	amount of	
[] C. RETIRED			ATH OF PARENT OR SP	OUSE	
Name of retired person		1. Name of deceased person		0002	
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 ben	efits began		
b. List the amount of pension that is untaxable	\$	(Or will begin)			
5. Date social security benefits began		5. Monthly amount of fam	ily's social		
(Or will begin)		security benefits		\$	
6. Monthly amount of family's social		6. Life insurance proceeds re	eceived or to be received	\$	
security benefits	\$				
7. Earnings in 2020 prior to retirement \$					
Required Documentation - Ret • Copy of 2019, 2020, and 2021(after 2/15/22) IRS		Required Documentation - Death of Parent or Spouse			
 Copy of 2019, 2020, and 2021(after 2/15/22) IRS Tax Return/Transcript: All pages, schedules and W -2s 		Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: All pages, schedules and W -2s			
Copy of pension and/or social security documentation indicating		Copy of deathcertificate(s)			
start date and benefit amount		Copy of monthly amount of family's social security benefits			

Adjustments may be made if the applicant or the students' parents have divorced or separated after lifting the 2021/2022 Free Application for Federal Student Atal (FAFSA). 1. Student []	[] E. DIVORCED/SEPARATED	[] F. LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS				
tor Federal Student Aul (FAFSA). 1. Student []	Adjustments may be made if the applicant or the students' parents	Adjustments may be made if the applicant, the applicant's spouse or				
1. Student [] Parent [] 2. Date of separation or divorce 2. Date of separation or divorce 3. Date alimony payments began 4. Weekly amount of alimony 4. Weekly amount of alimony 5. Obte child support began 5. Total amount received in 2020 5. Total amount received in 2021 6. Total amount received	have divorced or separated after filing the 2021/2022 Free Application	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
2. Type of benefit lost 3. Date alimony payments began 4. Weekly amount of alimony 5. Date child support began 6. Weekly amount of child support received 6. Weekly amount of child support received 6. Weekly amount of child support received 6. Copy of 2019, 2020 and 2021 (after 2/15/22) IRS Tax Return/ Transcript All pages, Schedules and W. 2s 6. If Divorced: Divorce decree 6. 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. 1. Applicant is currently (check one) 2. Date and reason of change in employment status. 4. Household, answer all questions in SECTION A. 6. Lift unemployed, answer all questions in SECTION A. 7. Agregified Documentation - Loss of Full-Time Work 6. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript All pages, schedules and W. 2s 6. Copy of letter of termination from ex-employer (on company letterhead) 6. Sequired Documentation - Lone of Full-Time Work 6. Copy of letter of termination from ex-employer (on company letterhead) 6. Stating last date of employment and year-to-date earnings or copy of last pay stub. 6. Copy of 1019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W-2s 6. Copy of 1019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W-2s 6. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W-2s 6. Documentation - One-Time Only Withdrawal 6. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W-2s 6. Documentation - One-Time Only Withdrawal 6. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W-2s 6. Documentation - One-Time Only Withdrawal 6. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W-2s 6. Documentation - One-Time Only Withdrawal 6. Copy of 2019, 2020, and 2021 (aft	for Federal Student Aid (FAFSA).	but lost this income in 2020.				
3. Effective date 4. Weekly amount of alimony 5. Date child support began 6. Weekly amount of fillid support preceived for all childred 6. Weekly amount of child support preceived for all childred 6. Weekly amount of child support preceived 6. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript All pages, schedules and W -2s 4. If Divorced: Divorce decree 6. If Separated: Proof of separate residences (lease, mortgage statement, recent utility bill, driver's license, etc.). Cell phone bills, cable bills and bonk stotements are not acceptable. 1 G. LOSS OF FULL-TIME WORK The student worked full time it least 35 hours a weekly for at least 30 weeks in 2019, but is no longer working full time. 4. Applicant is currently (check one) 6. Loper of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript All pages, schedules and W -2s 4. If working part-time, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 5. Copy of "Unemployment and year-to-date earnings or copy of last pay stub. Copy of "Onemployment Notice to Claimant of Benefit Determination" stating date of claim and total amount of benefits. Employment stubics are not acceptable. 1 J. UNREIMBURSED PAID MEDICAL EXPENSES Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses Copy of 2019, 2020, and 2021 (after 2/15/2) IRS Tax Return/Transcript all pages, schedules and W -25 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 its. Provide a total of the expenses. CHANGE IN FAMILY CIR	1. Student [] Parent []	1. Name of person who lost benefits				
4. Weekly amount of allmomy 5. Date child support tegan 6. Weekly amount of child support received for all children Required Documentation - Divorced/Separated **Copy of 2019, 2020, and 2021, [after 2/15/22] IRS Tax Return/ Transcript All pages, schedules and W -2s **If Divorced-Divorce decree **If Separated Froof of separate residences (lease, mortgage statement, recent utility bill, driver's license, etc.). Cell phone bills, coble bills and bank statements are not acceptable. **If Separated Froof of separate residences (lease, mortgage statement, recent utility bill, driver's license, etc.). Cell phone bills, coble bills and bank statements are not acceptable. **If extudent worked full time (at least 35 hours a week) for at least 30 **Decrease and reason of change in employment status. **If working part-time, answer all questions in SECTION A. **Required Documentation - Loss of Full-Time Work. **Copy of 2019, 2020, and 2021 (lefter 2/15/22) 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 2019, 2020, and 2021 (lefter 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W -2s **Documentation - One-Time Only Withdrawal** **Copy of 2019, 2020, and 2021 (lefter 2/15/22) IRS Tax Return/Transcript: all pages, schedules and w -2s **Documentation - One-Time Only Withdrawal** **Copy of 2019, 2020, and 2021 (lefter 2/15/22) IRS Tax Return/Transcript: all pages, schedules and w -2s **Documentation - One-Time Only Withdrawal** **Copy of 2019, 2020, and 2021 (lefter 2/15/22) IRS Tax Return/Transcript: all pages, schedules and w -2s **Documentation - One-Time Only Withdrawal** **Copy of 2019, 2020, and 2021 (lefter 2/15/22) IRS Tax Return/Transcript: all pages, schedules and w -2s **Documentation - One-Time Only Withdrawal** **Copy of 2019, 2020, and 2021 (lefter 2/15/22) IRS Tax Return/Transcript: all pages, schedules and w -2s **Document	2. Date of separation or divorce	2. Type of benefit lost				
5. Date child support began 6. Weekly amount of child support received for all children Required Documentation - Divorced/Separated Copy of 2019, 2020, and 2021 (after 2/15/22) 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, coble bills and bank statements are not acceptable. [] G. LOSS OF FULL-TIME WORK The student worked full time (at least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 2. Date and reason of change in employment status. 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 Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript All pages, schedules and W -2s Copy of "Unemployment and year-to-date earnings or copy of last pay stub. Copy of "Unemployment Notice to Claimant of Benefit Determination" stating date of delaim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. Employment stating date of claim and total amount of benefits. **Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript all pages, schedules and W -2s **Submit a copy of Schedule A. **If no Schedule A vas filed, submit a	3. Date alimony payments began	3. Effective date				
6. Weekly amount of child support received for all children Required Documentation - Divorced/Separated *Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript All pages, schedules and W-2s *If Divorced: Divorce decree *If Separates (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. *If Separates (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. *If Separates (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. *If Separates (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. *If Separates (Proof of Separate residences) (lease, mortgage statement, recent utility bill, driver's license, etc.). *Cell phone bills, cable bills and bank statements (lease, mortgage, schedules and W-2s. *Source(s) *If working part-time, answer all questions in SECTION A. *If unemployed, answer all questions in SECTION A. *If unemployed and 2021 (after 2/15/22) IRS Tax Return/Transcript all pages, schedules and W-2s. *Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript all pages, schedules and W-2s. *Documentation showing how the money was spent, cancelled checks (front and back), receipts, bank statements *Required Documentation - One-Time Only Withdrawal *Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, sche	4. Weekly amount of alimony \$	4. Reason benefits were terminated				
for all children Reguired Documentation - Divorced/Separated Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript All pages, schedules and W -2s If Divorced Circle, clear of separate residences (lease, mortgage statement, recent utility bil, driver's (iscense, etc.). Cell phone bills, cable bills and bank stotements are not acceptable. I G. LOSS OF FULL-TIME WORK The student worked full time (a least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 1. Applicant is currently (check one) [] working part-time, answer all questions in SECTION A. Required Documentation - Loss of Full-Time Work 2. Date and reason of change in employment status. 3. If working part-time, answer all questions in SECTION A. Required Documentation - Loss of Full-Time Work Copy of 2019, 2020, and 2021 (after 2/15/22) 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 "Dinemployment 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 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: all pages, schedules and W -2s Submit a copy of Schedule A. I I UNREIMBURSED PAID MEDICAL EXPENSES Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: all pages, schedules and W -2s Submit a copy of Schedule A. I I UNREIMBURSED PAID MEDICAL EXPENSES Unreimbursed Paid Medical Expenses and tatch organized copies o	5. Date child support began	5. Total amount received in 2020 \$				
for all children Reguired Documentation - Divorced/Separated Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript All pages, schedules and W -2s If Divorced Circle, clear of separate residences (lease, mortgage statement, recent utility bil, driver's (iscense, etc.). Cell phone bills, cable bills and bank stotements are not acceptable. I G. LOSS OF FULL-TIME WORK The student worked full time (a least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 1. Applicant is currently (check one) [] working part-time, answer all questions in SECTION A. Required Documentation - Loss of Full-Time Work 2. Date and reason of change in employment status. 3. If working part-time, answer all questions in SECTION A. Required Documentation - Loss of Full-Time Work Copy of 2019, 2020, and 2021 (after 2/15/22) 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 "Dinemployment 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 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: all pages, schedules and W -2s Submit a copy of Schedule A. I I UNREIMBURSED PAID MEDICAL EXPENSES Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: all pages, schedules and W -2s Submit a copy of Schedule A. I I UNREIMBURSED PAID MEDICAL EXPENSES Unreimbursed Paid Medical Expenses and tatch organized copies o	6. Weekly amount of child support received	6. Total amount received in 2021 \$				
Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript All pages, schedules and W -2s If Separated: Proof of separate residences (lease, mortgagestatement, recent utility bill, driver's (icense, etc.). Cell phone bills, cable bills and bank statements are not acceptable. The student worked full time (at least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 1. Applicant is currently (check one) 2. Date and reason of change in employment status. 3. If working part-time, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 8. Required Documentation - Loss of Full-Time Work Copy of 2019, 2020, and 2021 (after 2/15/22) 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 1019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W -2s. Discumentation showing how the money was spent, cancelled checks, bills, receipts, bank statements Equired Documentation - Unreimbursed Paid Medical Expenses Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W -2s. Submits a copy of Schedule A. If in oschedule 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. CHANGE IN FAMILY CIRCLMSTANCES: Examples of UNACCEPTABLE Conditions Loss of second or part-time job Reduction in solary Figure 1. One Schedule A. Loss of second or part-time job Reduction in solary Figure 2. In Schedule 2. In the provided into the expenses.						
All pages, schedules and W -2s If Divorced: Divorce decree If Separated: Proof of separate residences (lease, mortgagestatement, recent utility bill, driver's license, etc.). Cell phone bills, cable bills and bank statements are not acceptable. I G. LOSS OF FULL-TIME WORK The student worked full time (at least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 1. Applicant is currently (check one) [] unemployed 2. Date and reason of change in employment status 3. If working part-time, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 8. Required Documentation - Loss of Full-Time Work 1. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript All pages, schedules and W -2s 2. 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. 2. Copy of "Unemployment Notice to Claimant of Benefit Determination" stating date of claim and total amount of benefits. Employment stubs are not acceptable. 1. UNREIMBURSED PAID MEDICAL EXPENSES 1. Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses 2. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: all pages, schedules and W -2s 3. Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses 4. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: all pages, schedules and W -2s 5. Universidate to date and total and total and total and total and total and total of the expenses such as the provided list. Provide a total of the expenses such as the provided list. Provide a total of the expenses. CHANGE IN FAMILY CIRCUMSTANCES: Examples of UNACCEPTABLE Conditions 4. Loss of second or part-time job 8. Reduction	Required Documentation - Divorced/Separated	Required Documentation - Loss of Untaxed Income/Unemp. Benefits				
All pages, schedules and W -2s If Divorced: Divorce decree If Separated: Proof of separate residences (lease, mortgagestatement, recent utility bill, driver's license, etc.). Cell phone bills, cable bills and bank statements are not acceptable. I G. LOSS OF FULL-TIME WORK The student worked full time (at least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 1. Applicant is currently (check one) [] unemployed 2. Date and reason of change in employment status 3. If working part-time, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 8. Required Documentation - Loss of Full-Time Work 1. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript All pages, schedules and W -2s 2. 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. 2. Copy of "Unemployment Notice to Claimant of Benefit Determination" stating date of claim and total amount of benefits. Employment stubs are not acceptable. 1. UNREIMBURSED PAID MEDICAL EXPENSES 1. Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses 2. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: all pages, schedules and W -2s 3. Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses 4. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript: all pages, schedules and W -2s 5. Universidate to date and total and total and total and total and total and total of the expenses such as the provided list. Provide a total of the expenses such as the provided list. Provide a total of the expenses. CHANGE IN FAMILY CIRCUMSTANCES: Examples of UNACCEPTABLE Conditions 4. Loss of second or part-time job 8. Reduction	• Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/ Transcript	• Copy of 2019, 2020 and 2021 (after 2/15/22) IRS Tax Return/Transcript				
• Copy of Denefits cancellation letter. • Copy of benefits cancellation letter. • Copy of benefits cancellation letter. • Copy of benefits cancellation letter. • Copy of Denefits cancellation lette		All pages, schedules and W -2s				
### 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.	• If Divorced: Divorce decree					
recent utility bill, driver's license, etc.). Cell phone bills, cable bills and bank statements are not acceptable. I G. LOSO F FULL-TIME WORK The student worked full time (at least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 1. Applicant is currently (check one)	• If Separated: Proof of separate residences (lease, mortgage statement,					
The student worked full time (at least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 1. Applicant is currently (check one) [] working part-time [] unemployed [] working part-time [] working part-time [] un						
The student worked full time (at least 36 hours a week) for at least 30 weeks in 2019, but is no longer working full time. 1. Applicant is currently (check one) 2. Date and reason of change in employment status 3. If working part-time, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 8. Required Documentation - Loss of Full-Time Work • Copy of 2019, 2020, and 2021 (after 2/15/22) 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 Lourenployment 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 2019 or 2020 Name of person(s) incurring the medical bills 8. Required Documentation - Unreimbursed Paid Medical Expenses • Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W -2s • Documentation showing how the money was spent, cancelled checks, bills, receipts, bank statements [] I. UNREIMBURSED PAID MEDICAL EXPENSES Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills 8. Required Documentation - Unreimbursed Paid Medical Expenses • Copy of 2019, 2020, and 2021 (after 2/15/22) 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. CHANGE IN FAMILY CIRCUMSTANCES: Examples of UNACCEPTABLE Conditions • Loss or change in amo						
The student worked full time (at least 35 hours a week) for at least 30 weeks in 2019, but is no longer working full time. Applicant is currently (check one) working part-time unemployed		[] H. ONE-TIME ONLY WITHDRAWAL (RETIREMENT FUNDS)				
Reason for withdrawal **Reason for withdrawal** **Source(s)** **Dute and reason of change in employment status* 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** **Copy of 2019, 2020, and 2021 (after 2/15/22) IRSTax Return/Transcript All pages, schedules and W -2s. **Copy of Pull-time Work** **Copy of Pull-time Work** **Copy of Pull-time Mork** **In Description Medical Expenses** **Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W -2s. **Submit a copy of Schedule A.* **In os Chedule 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. **CHANGE IN FAMILY CIRCUMSTANCES: Examples of UNACCEPTABLE* **Conditions** **Loss or change in amount of overtime in the projected year* **Loss or second or part-time job* **Reduction in salary* **Furlough* **10 week working period not met for unemployment*						
2. Date and reason of change in employment status 3. If working part-time, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. 4. If unemployed, answer all questions in SECTION A. A. Required Documentation - Loss of Full-Time Work • Copy of 2019, 2020, and 2021 (after 2/15/22) 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. Copy of 2019, 2020, and 2021 (after 2/15/22) IRS Tax Return/Transcript: all pages, schedules and W -2s Documentation showing how the money was spent, cancelled checks, bills, receipts, bank statements I UNREIMBURSED PAID MEDICAL EXPENSES Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses • Copy of 2019, 2020, and 2021 (after 2/15/22) 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. CHANGE IN FAMILY CIRCUMSTANCES: Examples of UNACCEPTABLE Conditions • Loss or change in amount of overtime in the projected year • Loss of second or part-time job • Reduction in solary • Furlough • 10 week working period not met for unemployment	,	•				
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4. If unemployed, answer all questions in SECTION A. Required Documentation - Loss of Full-Time Work • Copy of 2019, 2020, and 2021 (after 2/15/22) 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. I J. UNREIMBURSED PAID MEDICAL EXPENSES Unreimbursed paid medical expenses which occurred in 2019 or 2020 Name of person(s) incurring the medical bills Required Documentation - Unreimbursed Paid Medical Expenses • Copy of 2019, 2020, and 2021 (after 2/15/22) 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. CHANGE IN FAMILY CIRCUMSTANCES: Examples of UNACCEPTABLE 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						
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- Removal of gambling winnings, cancelled debt (such as from a credit card)
- 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.

Parent's signature (if dependent)	