



## 2023-2024 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 2022 or 2023 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 2022 or 2023 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 2021 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 2022 prior to 2023 unemployment or earnings in 2022 if unemployment took place in 2023 \$ _____	6. b. List the amount in question 5 that is untaxable \$ _____
8. Date severance pay began _____	7. Earnings in 2022 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	- 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 \$ _____
<p><b>Required Documentation - Unemployment</b></p> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript All pages, schedules and W -2s.</li> <li>• Copy of last pay stub that shows year to date income.</li> <li>• Unemployment benefits determination letter that shows weekly amount of employment benefits OR denial of unemployment</li> </ul>	<p><b>Required Documentation - Disabled</b></p> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript All pages, schedules and W -2s.</li> <li>• Copy of letter from employer (on company letterhead) stating last date of employment and year-to-date earnings, or copy of last pay stub.</li> <li>• Official copy worker's compensation benefits documents and/or social security benefits stating date of claim and amount of benefits.</li> </ul>
<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 2022 prior to retirement \$ _____	
<p><b>Required Documentation - Retired</b></p> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript: All pages, schedules and W -2s.</li> <li>• Copy of pension and/or social security documentation indicating start date and benefit amount.</li> <li>• Copy of last pay stub that shows year to date income.</li> </ul>	<p><b>Required Documentation - Death of Parent or Spouse</b></p> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022, and 2023 (after 2/15/24) IRS Tax Return/Transcript: All pages, schedules and W -2s.</li> <li>• Copy of death certificate(s).</li> <li>• Copy of monthly amount of family's social security benefits.</li> </ul>

[ ] 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 2023/2024 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 2020, but lost this income in 2022.
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 2022 \$ _____ 6. Total amount received in 2023 \$ _____
<b>Required Documentation - Divorced/Separated</b> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022, and 2023 (after 2/15/24) <b>IRS Tax Return/Transcript</b> All pages, schedules and W -2s.</li> <li>• <b>If Divorced:</b> Divorce decree.</li> <li>• <b>If Separated:</b> Proof of separate residences (lease, mortgage statement, recent utility bill, driver's license, etc.). <b>Cell phone bills, cable bills and bank statements are not acceptable.</b></li> </ul>	<b>Required Documentation - Loss of Untaxed Income/Unemp. Benefits</b> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022 and 2023 (after 2/15/24) <b>IRS Tax Return/Transcript</b> All pages, schedules and W -2s.</li> <li>• Copy of benefits cancellation letter.</li> </ul>
[ ] 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 2021, 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, <b>answer all questions in SECTION A.</b> 4. If unemployed, <b>answer all questions in SECTION A.</b> <b>Required Documentation - Loss of Full-Time Work</b> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022, and 2023(after 2/15/24) <b>IRS Tax Return/Transcript</b> All pages, schedules and W -2s.</li> <li>• 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.</li> <li>• Copy of "Unemployment Notice to Claimant of Benefit Determination" stating date of claim and total amount of benefits. Employment stubs are not acceptable.</li> </ul>	Please provide a statement that includes: <ul style="list-style-type: none"> <li>• Reason for withdrawal</li> <li>• Source(s)</li> <li>• Why this will be a single occurrence</li> </ul> <b>Required Documentation - One-Time Only Withdrawal</b> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022, and 2023 (after 2/15/24) <b>IRS Tax Return/Transcript:</b> all pages, schedules and W -2s</li> <li>• Documentation showing how the money was spent, cancelled checks, bills, receipts, bank statements.</li> </ul>
[ ] I. UNREIMBURSED PAID MEDICAL EXPENSES	
<b>Unreimbursed paid medical expenses which occurred in 2021 or 2022</b> Name of person(s) incurring the medical bills _____  <b>Required Documentation - Unreimbursed Paid Medical Expenses</b> <ul style="list-style-type: none"> <li>• Copy of 2021, 2022, and 2023 (after 2/15/24) <b>IRS Tax Return/Transcript:</b> All pages, schedules and W -2s.</li> <li>• Submit a copy of <b>Schedule A</b>.</li> <li>• If no <b>Schedule A</b> was filed, submit a numbered legible list (please be clear and specific) of <b>unreimbursed paid</b> 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.</li> </ul>	

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**
- **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)**
- **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