

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

## 2020-2021 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 2019 or 2020 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	endent Student			
Please complete the section that applies to your spetthe 2019 or 2020 calendar year. Please submit legure to check off the appropriate box: DO NOT colino job and still continue to hold employment elsewhere	<b>gible copies of all requir</b> mplete this form if you v	ed documents to facilitate the coluntarily left your place of en	he processing of this req mployment, lost a full-tin	uest and make			
[ ] A. UNEMPLOYMENT	•		[ ] B. DISABLED				
Name of unemployed person		1. Name of disabled person					
Relationship to student		2. Relationship to student	-				
3. Date of unemployment		3. Date of disability	•				
4. Date unemployment benefits began		4. Date worker's compensat	tion or other				
5. Date unemployment benefits ended		disability benefits began					
6. Weekly unemployment benefits		5. Weekly amount of worke	r's compensation				
7. Earnings in 2019 prior to 2020 unemployment		or other disability benefi	its	\$			
or earnings in 2020 if unemployment took place		6. a. List the amount in q	uestion 5 that is taxable	\$			
in 2020	\$	b. List the amount in que	stion 5 that is untaxable	\$			
8. Date severance pay began	\$	7. Earnings in 2019 prior to	disability	\$			
Total amount of severance paid		8. Is the disability permane	nt?	[ ] Yes [ ] No			
Date severance pay will terminate		a. If yes, indicate the mor	nthly amount				
9. Has the person returned to work?		of your family's Social Se	curity benefits	\$			
If yes, enter date	[ ] Yes [ ] No	- Date social security ben	efits began				
10.If yes, enter gross weekly amount		b. If no, give the anticipat	ed date of return				
		to work					
		- Estimate salary to be ea	rned from date of				
		return to work till the e	nd of the year	\$			
Required Documentation - Unemp		Required Documentation - Disabled					
• Copy of 2018, 2019, and 2020 (after 2/15/21) IRS Tax Return/Transcript		• Copy of 2018, 2019, and 2020 (after 2/15/21) 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 un	employment		last, pay stub.  • Official copy worker's compensation benefits documents and/or				
			•				
		social security benefits st	ating date of claim and a	mount of			
[ ] C. RETIRED		benefits.  [ ] D. DEATH OF PARENT OR SPOUSE					
1. Name of retired person		1. Name of deceased person		OOSE			
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 bene	fits began				
b. List the amount of pension that is untaxable	\$	(Or will begin)					
5. Date social security benefits began		5. Monthly amount of famil	ly's social				
(Or will begin)		security benefits	,	\$			
6. Monthly amount of family's social		6. Life insurance proceeds re	ceived or to be received !	<u></u>			
security benefits	\$	,					
7. Earnings in 2019 prior to retirement	\$						
Required Documentation - Ret	<u>ired</u>	Required Docume	entation - Death of Pare	nt or Spouse			
• Copy of 2018, 2019, and 2020(after 2/15/21) IRS Tax Return/Transcript:		• Copy of 2018, 2019, and 2020 (after 2/15/21) IRS Tax Return/ Transcript:					
All pages, schedules and W -2s		All pages, schedules and W -2s					
• Copy of pension and/or social security documents	ation indicating	Copy of death certificate(s)	s)				
start date and benefit amount		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 students' parents	Adjustments may be made if the applicant, the applicant's spouse or			
have divorced or separated after filing the 2020/2021 Free Application	parent, received untaxed income or unemployment benefits in 2017,			
for Federal Student Aid (FAFSA).	but lost this income in 2019.			
1. Student [ ] Parent [ ]	1. Name of person who lost benefits			
2. Date of separation or divorce	2. Type of benefit lost			
3. Date alimony payments began	3. Effective date			
4. Weekly amount of alimony \$	4. Reason benefits were terminated			
5. Date child support began	5. Total amount received in 2019 \$			
6. Weekly amount of child support received	6. Total amount received in 2020 \$			
for all children				
Required Documentation - Divorced/Separated	Required Documentation - Loss of Untaxed Income/Unemp. Benefits			
• Copy of 2018, 2019, and 2020 (after 2/15/21) IRS Tax Return/ Transcript	• Copy of 2018, 2019 and 2020 (after 2/15/21) IRS Tax Return/Transcript			
All pages, schedules and W -2s	All pages, schedules and W -2s			
If Divorced: Divorce decree	Copy of benefits cancellation letter.			
• If Separated: Proof of separate residences (lease, mortgage statement,				
recent utility bill, driver's license, etc.). <i>Cell phone bills and bank</i>				
statements are not acceptable.				
[ ] 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	Please provide a statement that includes:			
weeks in 2018, but is no longer working full time.	Reason for withdrawal			
1. Applicant is currently (check one) [ ] working part-time	• Source(s)			
[ ] unemployed	Why this will be a single occurrence			
Date and reason of change in employment status	Tring time trim se a smg.c securiones			
3. If working part-time, answer all questions in SECTION A.				
4. If unemployed, answer all questions in SECTION A.	Benefited Benefit that One Time Only Wish decord			
Required Documentation - Loss of Full-Time Work	Required Documentation - One-Time Only Withdrawal			
• Copy of 2018, 2019, and 2020 (after 2/15/21) IRS Tax Return/Transcript	• Copy of 2018, 2019, and 2020 (after 2/15/21) IRS Tax Return/Transcript:			
All pages, schedules and W -2s.	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	bills, receipts, bank statements			
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.				
	AID MEDICAL EXPENSES			
Unreimbursed paid medical expenses which occurred in 2018 or 2019				
Name of person(s) incurring the medical bills				
_ , ,				
-	imbursed Paid Medical Expenses			
• Copy of 2018, 2019, and 2020 (after 2/15/21) IRS Tax Return/ Transcript:	all pages, schedules and W -2s			
Submit a copy of <b>Schedule A</b> .				
• 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 <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 car	d)			
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.

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