

Monmouth University - Financial Aid Office
Special Circumstances Request for Review – 2019-2020

The Financial Aid Office recognizes that a family can experience a change in financial circumstances which make it necessary to re-evaluate an aid application. Before consideration will be given, the student must have submitted a 2018-2019 Free Application for Federal Student Aid (FAFSA) and the results must be on file. Also, if selected, the federal/state verification process must be finalized. **Please CHECK BELOW (✓) the special circumstances which affect your family & answer all questions below the item. Students and parent(s) are required to provide the documentation as noted in each section, submit a letter describing the extenuating circumstances which have affected their ability to contribute towards institutional costs, and sign and date this form.**

Student Name: _____ **Student ID#** _____

- Unemployment** of a parent, or student's spouse due to termination, disability, retirement or layoff.

Name of Unemployed person: _____ Relationship to student: _____

Has the person returned to work? Yes No If yes, indicate date: ____/____/____

- Signed copy of Spouse/Parent(s) 2018 Federal Income Tax Return, including all pages
- Spouse/Parent(s) 2018 W-2's
- Form 1099-G, Certain Government Payments
- Documentation of ineligibility for unemployment benefits (if applicable)
- Verification of retirement or medical disability

- Student Loss of FULL-TIME Work** (Student worked at least 35 hours a week for at least 30 weeks in 2017, but is no longer working full-time).

Applicant is currently working: part-time unemployed

Reason for change in employment status: _____

- Signed copy of 2018 Federal Income Tax Return, including all pages
- Student 2018 W-2's

If **unemployed** please answer all questions in **Unemployment** section.

- Divorce or Separation** of student or student's parents (**AFTER** completion of the FAFSA).

Date of Divorce or Separation: ____/____/____ Name of parent student lives with? _____

Indicate monthly amount of support received by this parent:

Child Support (for all children): \$ _____ Alimony: \$ _____ Household Support: \$ _____

- Signed copy of Student or Parent(s) 2018 Federal Income Tax Return, including all pages
- Student or Parent(s) 2018 W-2's
- Divorce decree
- If legal papers are not available, submit verification of different addresses. The following are acceptable: driver's license, signed leases, utility bills, etc.

- Death** of a parent or spouse (**AFTER** completion of the FAFSA).

Name of the deceased person: _____ Date of Death: ____/____/____

Date Social Security Benefits began: ____/____/____ Monthly amount for all family members: \$ _____

- Signed copy of Student and Parent(s) (if dependent) 2018 Federal Income Tax Return, including all pages
- Student and Parent(s) (if dependent) 2018 W-2's
- Death certificate

- Loss of Untaxed Income or Benefits:** this includes Social Security, Child Support, Pension, etc.

Person who lost benefits: _____ Type of benefits lost: _____

Date benefits were lost: ____/____/____

Total received in **2018**: \$ _____

- Signed copy of Student or Parent(s) 2018 Federal Income Tax Return, including all pages
- Student and Parent(s) 2018 W-2's
- Statement from agency of terminated benefits

- Unreimbursed Paid Medical Expenses** in 2017 or 2018.

Name of person incurring the expenses: _____

- Signed copy of Student or Parent(s) 2017 or 2018 Federal Income Tax Return, including Schedule A (if filed)
- If Schedule "A" **was not** filed, cancelled checks and/or receipts paid AND statements from insurance company indicating unreimbursed expenses

Please note that the following conditions will NOT be considered:

- Parent and/or step-parent unwilling to provide information on a financial aid application and/or assist in paying for college
- Unusual expenses related to consumer debt, such as, credit card debt, car or insurance payments, mortgages, income or real estate taxes
- Families with prior Special Conditions who underestimated their income
- Reductions in pay due to voluntary overtime
- Bankruptcy proceedings
- Private school tuition

- Other.** Attach a detailed letter of explanation.

- Signed copy of Student and Parent(s) 2018 Federal Income Tax Return, including all pages
- Student and Parent(s) (if dependent) 2018 W-2's

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Return this request with documentation to:

Monmouth University
Financial Aid Office
400 Cedar Avenue
West Long Branch, NJ 07764
Fax: 732-263-5577
Email: finaid@monmouth.edu