

## Financial Aid Special Circumstances Form 2025-2026

Student's Name \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_

SS# or G# \_\_\_\_\_

Semester/Year \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please outline any special circumstances which you feel impact your Financial Aid eligibility. Please keep in mind there are strict regulations regarding the adjustment of financial aid eligibility based on special circumstances. Please email all documents including this form to the RVCC Financial Aid Director – [Lenny.mesonas@raritanval.edu](mailto:Lenny.mesonas@raritanval.edu)

The following is a description of special circumstances that have an effect on my financial aid status:

<input type="checkbox"/> Unemployment or change in employment	<input type="checkbox"/> Separation or Divorce
<input type="checkbox"/> Death of Parent or Spouse	<input type="checkbox"/> Disability
<input type="checkbox"/> One Time Income	<input type="checkbox"/> Loss of taxable or untaxed benefits
<input type="checkbox"/> Un-reimbursed Medical Expenses	<input type="checkbox"/> Other circumstances not described as above

What year did your Income change? ☐ 2024 ☐ 2025 ☐ 2026

Who did this change occur for? ☐ Student ☐ Spouse ☐ Parent

\*Please see the back of this form to determine what documentation you will need to submit based on your situation. **A typed statement describing your circumstance (please sign and date your statement) with supporting documentation is required before your appeal can be reviewed.** Please be aware that it can take up to 8 weeks for your appeal to be reviewed.

I understand that I may need to meet with a Financial Aid Staff Member and/or provide additional documentation in order to evaluate my special circumstances.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE US ONLY

☐ APPROVED ☐ No Action ☐ DENIED

Comments \_\_\_\_\_

FA Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2025-2026 GUIDELINES FOR SPECIAL CIRCUMSTANCES

CATEGORY	CONDITION	Please submit the documentation listed below along with a typed statement that includes dates and explains the changes in your employment history from Jan 1 <sup>st</sup> , 2024 to present
<b>Unemployment or Change in Employment</b>	<p>You, your spouse or a parent who earned money in 2023 has lost his or her job in 2024, 2025 or 2026.</p> <p>You, your spouse or a parent who worked full time in 2023 is not working full time now.</p>	<ul style="list-style-type: none"> <li>Household Verification Worksheet</li> <li>2024 Federal Tax Return or Transcript and W2's from year of loss of income (if applicable) or:</li> <li>All sources of Income for 2024, 2025, 2026 including most recent pay stub, unemployment stub, disability, etc. or if available W-2 from all employers (if applicable)</li> </ul>
<b>Separation or Divorce</b>	You or your parents have Separated or divorced after you filed the FAFSA.	<ul style="list-style-type: none"> <li>Proof of Divorce or Separate address, such as recent utility bills</li> <li>Letter of explanation giving dates and details as to disposition of assets, etc.</li> <li>Verification Documents</li> </ul>
<b>Death</b>	Your spouse or parent who Worked in 2023 has died.	<ul style="list-style-type: none"> <li>Death certificate</li> <li>Documentation of the deceased earnings if applicable</li> <li>Documentation of any death benefits</li> <li>Verification documents</li> </ul>
<b>Disability</b>	You, your spouse or a parent has been unable to earn money in the usual way due to disability.	<ul style="list-style-type: none"> <li>A typed statement with dates explaining how disability affected income</li> <li>Documentation of earnings in 2024, 2025 or 2026 before disability</li> <li>Documentation of earnings after disability</li> <li>Verification documents</li> </ul>
<b>One-time Income</b>	You, your spouse or a parent received income in 2023, which cannot reasonably be expected to receive in 2024, 2025 or 2026.	<ul style="list-style-type: none"> <li>Documentation of the one-time income</li> <li>Verification documents</li> </ul>
<b>Loss of taxable or untaxed income</b>	You, your spouse or a parent who received unemployment benefits or some untaxed income or benefit in 2023 has lost that income in 2024, 2025 or 2026.	<ul style="list-style-type: none"> <li>Documentation that the benefit was terminated and documentation of the benefit amount in 2024, 2025 or 2026</li> <li>Verification Documents</li> </ul>
<b>Un-reimbursed Medical Expenses</b>	You or your parents <b>PAID</b> Medical/dental bills in 2024,2025 or 2026, not covered by insurance.	<ul style="list-style-type: none"> <li>Schedule A of your 2024, 2025 or 2025 tax return</li> <li>Proof of Payment</li> <li>Verification Documents</li> </ul>

*\*Verification documents refer to Income and Household size information that the student (and parent) will need to provide. Some of this information may have already be verified when you completed your FAFSA. FA office staff will determine which documents will be need to be collected.\**