P.O. Box 3300 = Somerville, NJ 08876-1265 = www.raritanval.edu



Financial Aid Special Circumstances Form 2019-20

Student's Name	Date		
(Please Print)			
SS# or G#	Semester/Year		
Phone Number	Email		
Please outline any special circumstances which you fee mind there are strict regulations regarding the adjustm circumstances.			
The following is a description of special circumstances	that have an effect on my financial aid status:		
 Unemployment or change in employment 	<u> </u>		
<u>.</u>	□ Disability		
□ One Time Income	 Loss of taxable or untaxed benefits 		
 Un-reimbursed Medical Expenses *Please see the back of this form to determine who 	Other circumstances not described as above		
on your situation. A typed statement describing your sequired before your appeal can be reviewed. Plyour 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		
FOR OFFICE US ONLY			
☐ APPROVED ☐ No Action ☐ DENIED			
Comments			
FA Staff Signature	Date		

2019-20 GUIDELINES FOR SPECIAL CIRCUMSTANCES

CATEGORY	CONDITION	SUBMIT THE FOLLOWING DOCUMENTATION
Unemployment or Change in Employment	You, your spouse or a parent who earned money in 2017 has lost his or her job in 2018 or 2019. You, your spouse or a parent who worked full time in 2017 is not working full time now.	 A typed statement that includes dates and explains the changes in your employment history from Jan 1st, 2017 to present Verification Worksheet 2017 Tax Return Transcript 2018 Tax Return 2019 most recent pay stub or unemployment stub, or W-2 from all employers
Separation or Divorce	You or your parents have Separated or divorced after you filed the FAFSA.	 Proof of Divorce or Separate address, such as recent utility bills Letter of explanation giving dates and details as to disposition of assets, etc. Verification Documents
Death	Your spouse or parent who Worked in 2017 has died.	 Death certificate Documentation of the deceased 2017 or 2018 earnings if applicable Documentation of any death benefits Verification documents
Disability	You, your spouse or a parent has been unable to earn money in the usual way due to disability.	 A typed statement with dates explaining how disability affected income Documentation of earnings in 2017 or 2018 before disability Documentation of earnings after disability Verification documents
One-time Income	You, your spouse or a parent received income in 2016, which cannot reasonably be expected to receive in 2017 or 2018.	 Documentation of the one-time income Verification documents
Loss of taxable or untaxed income	You, your spouse or a parent who received unemployment benefits or some untaxed income or benefit in 2017 has lost that income in 2018 or 2019.	 Documentation that the benefit was terminated and documentation of the benefit amount in 2018 or 2019 Verification Documents
Un-reimbursed Medical Expenses	You or your parents PAID Medical/dental bills in 2017 or 2018, not covered by insurance.	 Schedule A of your 2017 or 2018 tax return Proof of Payment Verification Documents

^{*}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.*