Please Note: You must file a 2015—2016 Free Application for Federal Student Aid (FAFSA) and receive an award letter before submitting this form.

DEPENDENT REQUEST FOR REVIEW UNUSUAL CIRCUMSTANCES 2015 - 2016 ACADEMIC YEAR

Complete this form if you have special circumstances which have resulted in a reduction in resources or a decrease in disposable income for calendar year 2014 or 2015 which will impact your family’s ability to contribute toward your educational expenses.

You must submit:
• Your and your parent(s)’ 2014 Federal income tax transcript even if you used the IRS Data Retrieval Tool to complete your FAFSA and
• Dependent Verification Worksheet (http://www.montclair.edu/media/montclairedu/studentfinancialaid/forms2015-2016/V1-Verification-V1-dependent.pdf) with this form.

If you have already submitted these documents to the Financial Aid Office, you do not have to do so again.

The office will only consider reductions in income for the circumstances listed in Sections A and B of this form. The following circumstances will not be considered for a reduction in income:
• Tuition paid for elementary/secondary private school.
• Unusual expenses related to personal living (e.g. wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, other miscellaneous consumer item expenses).
• Reductions in income resulting from bankruptcy proceedings.
• Medical expenses other than those claimed as a deduction on your 2014 Federal tax returns.

If the reason you are requesting a review is listed above, do not complete this form. If you are uncertain whether or not your situation can be considered for a review, please contact our office at (973) 655-4461.

You must print out and complete ONLY page two of this document. Submit with the supplemental documentation as indicated on page three for each circumstance.
DEPENDENT REQUEST FOR REVIEW
UNUSUAL CIRCUMSTANCES
2015 - 2016 ACADEMIC YEAR

Name: ________________________________________   CWID#: ______________________________
Mailing Address: _________________________________________________________________________
Telephone #: __________________ Email Address: ________________________________________
_____________________________________________________________________________________

A. Reduction of Income:

Please check the reason(s) that best describes your current situation. Indicate who suffered the change and the date that this change occurred. Failure to leave this information blank will delay the processing of your request.

_______ Loss or Reduction of Employment or Wages in 2014 or 2015:
_____ Student   _____ Father   _____ Mother

Last Date of employment: ________ Date expected to return to work: _______

_______ Loss of Unemployment Compensation or Untaxed Income or Benefits in 2014 or 2015:
_____ Student   _____ Father   _____ Mother

Which type of benefits have ended: _________________________ Date: ________

_______ Separation or Divorce of Wage Earner(s) in 2014 or 2015:
Your parents have separated or divorced since filing a joint tax return and/or since the FAFSA was filed.

Date: ________

_______ Death or Disability of Wage Earner in 2014 or 2015:
_____ Student   _____ Father   _____ Mother

Date: ________

B. Unusual Expenses:

_______ Unusual Medical/Dental Expenses claimed on Schedule A of the 2014 tax return.

Please provide any additional information to support your petition:

____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

Student Signature: ________________________________________  Date: ____________

Parent Signature: __________________________________________  Date: ____________

College Hall, Room 208 *  1 Normal Avenue *  Montclair, New Jersey 07043
Required Documents for Request for Review:

Please submit the documentation indicated below as required to support your request:

Loss or Reduction of Employment or Wages:
- Statement (on company letterhead) from prior employer(s) stating termination dates [if applicable], AND
- Last pay stub(s) from all prior position(s), including vacation and severance pay, AND
- Most recent pay stub for current employer(s) [if applicable], AND
- Documentation of Unemployment benefits with amount or denial.

Loss of Unemployment Compensation or Untaxed Income or Benefits:
- Statement from agency that terminated benefits indicating date of termination and total amount of benefits received for the current year.

Separation of Wage Earner:
- Copy of legal separation document, OR
- Signed statement from your attorney, OR
- Proof of different legal residence for the party who left the household (driver’s license, utility bill, apartment lease, etc.).

Divorce of Wage Earner:
- Divorce decree with spousal and/or child support documentation.

Death of Wage Earner:
- Death Certificate, OR
- Obituary notice, OR
- Bill from funeral home.

Disability of Wage Earner:
- Indication of disability, AND
- Amount of benefits received since disability began, AND
- Documentation of all other income earned or received for the current year.

Unusual Medical/Dental Expenses:
- Schedule A from the Federal 1040 form.