DEPENDENT
REQUEST FOR REVIEW
UNUSUAL CIRCUMSTANCES
2016 - 2017 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 2015 or 2016 which will impact your family’s ability to contribute toward your educational expenses.

You must submit:
• Your and your parent(s)’ 2015 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/forms2016-2017/V1-Verification-V1-dependent.pdf) with this form.

If you have already submitted these documents to the Office of Financial Aid, 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. bills for repairs, 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.
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Name: ________________________________________  ID#: ______________________________
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 of Employment or Wages in 2015 or 2016:

_____ Student  _____ Father   _____ Mother

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

_____ Loss of Unemployment Compensation or Untaxed Income or Benefits in 2015 or 2016:

_____ Student  _____ Father   _____ Mother

Which type of benefits have ended: _________________________ Date: ________

_____ Separation or Divorce of Wage Earner(s) in 2015 or 2016:

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 2015 or 2016:

_____ Student  _____ Father   _____ Mother  Date: ________

If disability, please identify the condition: ______________________________________

B. Unusual Expenses:

_____ Unusual Medical/Dental Expenses claimed on Schedule A of the 2015 tax return.

Please provide any additional information to support your petition:
____________________________________________________________________________________
____________________________________________________________________________________

Student Signature: _______________________________  Date: ____________
Parent Signature: ________________________________  Date: ____________
Required Documents for Request for Review:

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

Loss 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 (not a cell phone 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:
- Amount of benefits (short and/or long term) 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.