Please Note: You must file a 2017—2018 Free Application for Federal Student Aid (FAFSA) and receive an award letter before submitting this form.

DEPENDENT REQUEST FOR REVIEW
UNUSUAL CIRCUMSTANCES
2017 - 2018 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 2016 or 2017 which will impact your family’s ability to contribute toward your educational expenses.

You must submit:
- Your and your parent(s)’ 2015 and 2016 Federal 1040 income tax returns even if you used the IRS Data Retrieval Tool to complete your FAFSA, and
- Dependent Verification Worksheet (http://www.montclair.edu/media/montclairedu/studentfinancialaid/forms2017-2018/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 2015 or 2016 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 your specific circumstance.
DEPENDENT REQUEST FOR REVIEW
UNUSUAL CIRCUMSTANCES
2017 - 2018 ACADEMIC YEAR

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:
    _____ Student    _____ Father    _____ Mother
    Last Date of employment: ________ Date expected to return to work: ________

_______ Loss of Unemployment Compensation or Untaxed Income or Benefits:
    _____ Student    _____ Father    _____ Mother
    Which type of benefits have ended: __________________________ Date: ________

_______ Separation or Divorce of Wage Earner(s):
    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:
    _____ Student    _____ Father    _____ Mother    Date: ________
    If disability, please identify the condition: __________________________

B. Unusual Expenses:

_______ Unusual Medical/Dental Expenses claimed on Schedule A of the 2015 or 2016 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 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 for 2015 or 2016 as applicable.