



**Please Note:** You must file a 2020—2021 Free Application for Federal Student Aid (FAFSA) and receive an award letter before submitting this form.

**DEPENDENT  
REQUEST FOR REVIEW - UNUSUAL CIRCUMSTANCES  
2020 - 2021 ACADEMIC YEAR  
DEADLINE: 5/1/21\***

Complete this form if you have extenuating circumstances which have resulted in a reduction in resources or a decrease in disposable income for calendar year 2018 or 2019 which will impact your family's ability to contribute toward your educational expenses. If your circumstances changed in 2020, we will consider those after 9/1/20.

**You must submit:**

- **Your and your parent(s)' 2018 and 2019 Federal 1040 income tax returns even if you used the IRS Data Retrieval Tool to complete your FAFSA, and**
- **Dependent Verification Worksheet (if requested)**

*If you have already submitted these documents to the Office of Financial Aid, you may 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.
- Foreclosure of your primary home.
- Medical expenses incurred but not paid.

**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) 655-7600.**

***You must print out and complete ONLY the application page of this document. Submit with supplemental documentation for your specific circumstance as indicated on the last page.***

**\*NJ HESAA Grant eligibility has earlier deadlines**

Office Use Only:  
**PJRFRD**  
Status \_\_\_\_\_

**DEPENDENT REQUEST FOR REVIEW APPLICATION  
UNUSUAL CIRCUMSTANCES  
2020 - 2021 ACADEMIC YEAR**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**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. *Leaving this information blank may 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 2018 or 2019 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. Unemployed person must file at <https://lwd.state.nj.us/labor/ui/file.html>

### **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 Earners:**

- 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.)
- Documentation of spousal and/or child support, if applicable

### **Divorce of Wage Earners:**

- 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 2018 or 2019 as applicable, OR
- Credit card statements, receipts marked paid, or statements from the medical provider listing all payments

**The DEADLINE for the 2020-21 year is 5/1/21**  
**NJ Grant deadlines are earlier each term.**