



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

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

If you have already submitted these documents to the Financial Aid Office, 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 Grant deadlines are earlier each term**

Office Use Only:
PJRFRI
Status _____

**INDEPENDENT REQUEST FOR REVIEW
UNUSUAL CIRCUMSTANCES
2020 - 2021 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 was involved in 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 _____ Spouse
Last Date of employment: _____ Date expected to return to work: _____

_____ Loss of Unemployment Compensation or Untaxed Income or Benefits:
_____ Student _____ Spouse
Which type of benefits have ended: _____ Date: _____

_____ Separation or Divorce of Wage Earner(s):
You 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 _____ Spouse _____ Date: _____
If disability, please indicate 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: _____

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. 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 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 received (short and/or long term) 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, OR
- Credit card statements, receipts marked paid, or statements from the medical provider listing all payments

DEADLINE to file: 5/1/21
NJ Grant deadlines are earlier each term