Financial Aid Office Phone: (973) 655-7600

Submit directly to boschermurpc@mail.montclair.edu

Please Note:

- You must file a 2023—2024 Free Application for Federal Student Aid (FAFSA) and receive a financial aid notification before submitting this form
- Incoming new students must pay their Admissions Deposit

REQUEST FOR REVIEW - UNUSUAL CIRCUMSTANCES 2023 - 2024 ACADEMIC YEAR

SUBMIT no later than 10 days before your last day of class to allow for review and processing Fall 23 – 12/11/23; Spring 5/2/24

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 2021, 2022 or 2023 which will impact your family's ability to contribute toward your educational expenses. If your circumstances changed in 2023, we will consider those after 6/30/23.

You must print out and complete ONLY the application page of this document (page 2).

<u>Submit your application with the specific documentation listed</u> for your circumstance on the last page.

The office will only consider reductions in income for the circumstances listed in Sections A, B or C on the application. 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
- Pension/IRA distributions (unless COVID related with IRS form 8915-e)
- Medical expenses incurred but not paid

If the reason you are requesting a review is listed above, do not complete this form.

Once all documents are received, processing takes 7-10 days. Results will be posted to NEST – please monitor for changes under Financial Aid Requirements and Financial Aid Awards.

REQUEST FOR REVIEW APPLICATION UNUSUAL CIRCUMSTANCES 2023 - 2024 ACADEMIC YEAR

Student Name:		ID#:M		
Complete Mailing Address:				
Telephone #:	Student MSU Email	Address:		
A. Reduction of Income:				
Please check the reason(s) that be and the date that this change occ request.	-		_	
Loss of Employme	ent or Wages:			
Student	Spouse	Father	Mother	
Last Date of emp	loyment: Dat	e expected to return to	work:	
Loss of Unemploy	yment Compensation or Ur	ntaxed Income or Benef	its:	
Student	Spouse	Father	Mother	
Which type of be	nefits have ended:		Date:	
Your parents or y	vorce of Wage Earner(s): you and your spouse have s yoe the FAFSA was filed.	eparated or divorced si	nce filing a joint tax Date:	
Death or Disabilit	ty of Wage Earner:			
Student _	Spouse Fathe	er Mother	Date:	
If disability, pleas	e identify the condition:			
B. Unusual Expenses:				
Unusual Medical, return.	/Dental Expenses claimed c	on Schedule A of the 202	21 or 2022 tax	
C. Rollover of IRA or Pensio	n funds:			
A rollover of IRA	or pension funds for the 20	21 tax year is inflating t	the income reported.	
Please provide any additional inf	ormation to support your	petition:		
Student Signature:		Da	te:	
Parent/Spouse Signature:		Da	te:	

Required Documents for Request for Review (submit as pdf files):

You must submit the home copy (not IRS Transcript) of the 2021 and 2022 federal tax returns, all pages and schedules 1 – 3 and A, B, C, D, E, F; no NJ return, no worksheets. Typically, the tax return is 2-10 pages.

In addition to the 2021 and 2022 federal tax returns, 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 (in NJ https://www.myunemployment.nj.gov/)

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, apartment lease, utility bill (not a cell phone bill), 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 2021 or 2022 as applicable, OR
- Credit card statements, receipts marked paid, or statements from the medical provider listing all payments

Rollover of IRA or pension funds:

- 1099-R form AND
- 2021 federal 1040 tax return page 1

NJ Grant deadlines are earlier each term.