

*Submit directly to [requestforreview@montclair.edu](mailto:requestforreview@montclair.edu)*

**Please Note:**

- You must file a 2025—2026 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**

**2025 - 2026 ACADEMIC YEAR**

**SUBMIT no later than 10 days before your last day of class to allow for review and processing:**

**For students attending *only* Fall – 12/10/25; attending both Fall and Spring term – 4/28/26**

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 **2023, 2024 or 2025** only which impacts your family's ability to contribute toward your educational expenses. If your circumstances changed in 2025, we will consider those after 7/31/25.

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

***Submit your application with the specific documentation listed 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. Due to high volume, we only email you if we are unable to secure additional grant funds. Results will be posted to NEST – please monitor for changes under Financial Aid Requirements and Financial Aid Awards

**\*NJ HESAA has an earlier deadline for state grant eligibility: March 1.**

**REQUEST FOR REVIEW APPLICATION  
UNUSUAL CIRCUMSTANCES  
2025 - 2026 ACADEMIC YEAR**

Student Name: \_\_\_\_\_ ID#: \_\_M\_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Student MSU 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 will delay the processing of your request.***

\_\_\_\_\_ Loss of Employment or Wages:

\_\_\_\_\_ Student \_\_\_\_\_ Spouse \_\_\_\_\_ Father \_\_\_\_\_ Mother

Last Date of employment: \_\_\_\_\_ Date expected to return to work: \_\_\_\_\_

\_\_\_\_\_ Loss of Unemployment Compensation, any other type of Untaxed Income or Benefits:

\_\_\_\_\_ Student \_\_\_\_\_ Spouse \_\_\_\_\_ Father \_\_\_\_\_ Mother

Which type of benefits have ended: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Separation or Divorce of Wage Earner(s):

Your parents or you and your spouse 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 \_\_\_\_\_ Father \_\_\_\_\_ Mother Date: \_\_\_\_\_

If disability, please identify the condition: \_\_\_\_\_

**B. Unusual Expenses:**

\_\_\_\_\_ Unusual Medical/Dental Expenses claimed on Schedule A of the 2023 or 2024 tax return.

**C. Rollover of IRA or Pension funds:**

\_\_\_\_\_ A rollover of IRA or pension funds for the 2023 tax year is inflating the income reported.

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

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

You must submit the home copy (**not** IRS Transcript) of the *2023 and 2024 federal tax returns, pages 1 - 2 and Schedules 1 – 3 and A, B, C, D, E, F if included; no NJ return, no worksheets*. Typically, the tax return is 2-10 pages.

In addition to the 2023 and 2024 federal tax returns, please submit the documentation indicated below to support your request. We may request additional information once we review the file.

### 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, as applicable
- W-2 Wage statements for the 2023 year (both parties)

### 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 (paid):

- Schedule A from the Federal 1040 form for 2023 or 2024 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
- 2023 federal 1040 tax return page 1

**NJ Grant deadlines are earlier.**