



2024-2025 Request for Special Condition

Student's Name: \_\_\_\_\_ WP ID: 855# \_\_\_\_\_ WP E-mail: \_\_\_\_\_
Last First

William Paterson recognizes that unusual circumstances may arise during the 2023 or 2024 calendar year, which can affect you, your spouse, and/ or your parent's ability to contribute towards your education. This request form is designed to help you document this information so that the Office of Financial Aid can attempt to make legally acceptable adjustments to your FAFSA that will help accurately reflect your current financial situation.

Individuals eligible: [ ] Parent(s) of a Dependent Student [ ] Independent Student [ ] Spouse of an Independent Student
Please complete the section that applies to your special circumstance. This form is to be used ONLY if the special circumstance occurred during the 2023 or 2024 calendar year. Please submit legible copies of all required documents to facilitate the processing of this request and make sure to check off the appropriate box: DO NOT complete this form if you voluntarily left your place of employment, lost a full-time or part-time job and still continue to hold employment elsewhere or were unemployed during 2023 and you are currently working.

Form with four sections: A. UNEMPLOYMENT, B. DISABLED, C. RETIRED, D. DEATH OF PARENT OR SPOUSE. Each section includes numbered questions, checkboxes, and required documentation lists.

<input type="checkbox"/> E. DIVORCED/SEPARATED	<input type="checkbox"/> F. LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS
Adjustments may be made if the applicant or the students' parents have divorced or separated after filing the 2024/2025 Free Application for Federal Student Aid (FAFSA).	Adjustments may be made if the applicant, the applicant's spouse or parent, received untaxed income or unemployment benefits in 2022, but lost this income in 2023.
1. Student <input type="checkbox"/> Parent <input type="checkbox"/> 2. Date of separation or divorce _____ 3. Date alimony payments began _____ 4. Weekly amount of alimony \$ _____ 5. Date child support began _____ 6. Weekly amount of child support received for all children _____	1. Name of person who lost benefits _____ 2. Type of benefit lost _____ 3. Effective date _____ 4. Reason benefits were terminated _____ 5. Total amount received in 2023 \$ _____ 6. Total amount received in 2024 \$ _____
<p style="text-align: center;"><b>Required Documentation - Divorced/Separated</b></p> <ul style="list-style-type: none"> <li>• Copy of 2022, 2023, and 2024 (after 2/15/25) <b>IRS Tax Return/Transcript</b> All pages, schedules and W -2s.</li> <li>• <b>If Divorced:</b> Divorce decree.</li> <li>• <b>If Separated:</b> Proof of separate residences (lease, mortgage statement, recent utility bill, driver's license, etc.). <b>Cell phone bills, cable bills and bank statements are not acceptable.</b></li> </ul>	<p style="text-align: center;"><b>Required Documentation - Loss of Untaxed Income/Unemp. Benefits</b></p> <ul style="list-style-type: none"> <li>• Copy of 2022, 2023 and 2024 (after 2/15/25) <b>IRS Tax Return/Transcript</b> All pages, schedules and W -2s.</li> <li>• Copy of benefits cancellation letter.</li> </ul>
<input type="checkbox"/> G. LOSS OF FULL-TIME WORK	<input type="checkbox"/> H. ONE-TIME ONLY WITHDRAWAL (RETIREMENT FUNDS)
The student worked full time (at least 35 hours a week) for at least 30 weeks in 2022, but is no longer working full time. 1. Applicant is currently (check one) <input type="checkbox"/> working part-time <input type="checkbox"/> unemployed 2. Date and reason of change in employment status _____	Please provide a statement that includes: <ul style="list-style-type: none"> <li>• Reason for withdrawal</li> <li>• Source(s)</li> <li>• Why this will be a single occurrence</li> </ul>
3. If working part-time, <b>answer all questions in SECTION A.</b> 4. If unemployed, <b>answer all questions in SECTION A.</b> <p style="text-align: center;"><b>Required Documentation - Loss of Full-Time Work</b></p> <ul style="list-style-type: none"> <li>• Copy of 2022, 2023, and 2024 (after 2/15/25) <b>IRS Tax Return/Transcript</b> All pages, schedules and W -2s.</li> <li>• Copy of letter of termination from ex-employer (on company letterhead) stating last date of employment and year-to-date earnings or copy of last, pay stub.</li> <li>• Copy of "Unemployment Notice to Claimant of Benefit Determination" stating date of claim and total amount of benefits. Employment stubs are not acceptable.</li> </ul>	<p style="text-align: center;"><b>Required Documentation - One-Time Only Withdrawal</b></p> <ul style="list-style-type: none"> <li>• Copy of 2022, 2023, and 2024 (after 2/15/25) <b>IRS Tax Return/Transcript:</b> all pages, schedules and W -2s</li> <li>• Documentation showing how the money was spent, cancelled checks, bills, receipts, bank statements.</li> </ul>
<input type="checkbox"/> I. UNREIMBURSED PAID MEDICAL EXPENSES	
<b>Unreimbursed paid medical expenses which occurred in 2022 or 2023 and were claimed on Schedule A of the 2022 or 2023 tax return</b> Name of person(s) incurring the medical bills _____ Expenses incurred for (patient name) _____	
<p style="text-align: center;"><b>Required Documentation - Unreimbursed Paid Medical Expenses</b></p> <ul style="list-style-type: none"> <li>• Copy of 2022, 2023, and 2024 (after 2/15/25) <b>IRS Tax Return/Transcript:</b> All pages, schedules and W -2s.</li> <li>• Submit a copy of <b>Schedule A.</b></li> <li>• If no <b>Schedule A</b> was filed, submit a numbered legible list (please be clear and specific) of <b>unreimbursed paid</b> medical expenses and attach organized copies of cancelled checks (front and back), receipts, or a statement from the insurance company indicating the amount of unreimbursed expenses to support the provided list. Provide a total of the expenses.</li> </ul>	

**Verification** If the student's FAFSA is selected for federal verification, that process must be completed before this appeal can be considered.

**Processing Time**

Please allow 4-6 weeks for processing after all the documents have been received. We recommend that you make payment arrangements based on your Original award package to avoid late fees.

**By signing this worksheet, I (we) certify that all the information reported on this worksheet is true, complete, and correct. I (we) agree to provide any other documentation requested by WPU for the review of this request. I (we) authorize WPU to release the reported/revised information to update State of New Jersey and Federal financial aid records. If the student is a dependent, at least one parent whose information is reported on the FAFSA must sign. If the spouse of a student is appealing an extenuating circumstance, then he/she must sign along with the student. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

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

\_\_\_\_\_  
Parent # 1 Signature (Required for Dependent Student) Date

\_\_\_\_\_  
Spouse Signature Date

\_\_\_\_\_  
Parent # 2 Signature (Required for Dependent Student) Date