



2018-2019
Request for Special Circumstance

Name: \_\_\_\_\_ Bergen ID: \_\_\_\_\_

If your family income is significantly reduced due to a situation described below, then you may qualify for a special circumstance review. The special circumstance review is not an automatic guarantee that an adjustment will be made to your financial aid.

STEP 1: DOCUMENTATION – Please submit the following documentation, regardless of your reason for filing this request. Failure to submit required documentation will delay processing. If you have already submitted these forms to our office, they do not have to be submitted again.

[ ] A letter must be submitted on a separate sheet of paper, typed or printed legibly. Provide a description of your situation in as much detail as possible, including date of event.

STEP 2: REASON FOR FILING – Check the box for the situation(s) that apply to you and submit the additional documentation as indicated for that situation.

[ ] DEATH – Since the filing the FAFSA a parent or spouse is now deceased.

Additional Documentation:

- Copy of death certificate
• Copy of all 2016 W-2 forms for custodial parent

[ ] DIVORCE/SEPERATION – You or your parents have divorced or separated AFTER filing the FASFA.

Additional Documentation:

- Copy of divorce decree
• Documentation showing two different addresses (Lease, utility bill, driver’s license, etc.)
• Copy of all 2016 W-2 forms for custodial parent
• Documentation showing child support and alimony received, if applicable

[ ] CHANGE IN EMPLOYMENT /UNEMPLOYMENT– You, your spouse or a parent(s) who earned income in 2016 lost or changed his or her job.

Additional Documentation:

- Copy of 2017 tax return transcript

[ ] LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS – You, your spouse and/or parent(s) received unemployment benefits or other untaxed income in 2016 but lost that income/benefit.

Additional Documentation:

- Documentation of untaxed income received prior to losing benefits
• Letter from agency stating termination of benefits

[ ] OTHER - Unusual circumstances that led to a substantial change in income from the student, student’s spouse and/or parent(s). (i.e.: unusual medical expense paid NOT covered by insurance, private school tuition, etc.).

Additional Documentation:

- Submit copies of receipts or other documents to support your claim

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and spouse whose information was reported on the FAFSA must sign and date below.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or Student’s Spouse’s Signature \_\_\_\_\_

Date \_\_\_\_\_