



Kean University
Office of Financial Aid
1000 Morris Avenue
Union, NJ 07083

2017-2018 Special Condition Application

Student Name: _____ Kean ID #: _____

Complete this form if there is a change in your family's circumstances resulting in a significant decrease in income.

Instructions:

1. Select the calendar year in which the change occurred: ___ 2015 ___ 2016 ___ 2017
2. Select the category in the chart below that represents the change in your family's circumstances.
3. Attach the required documentation for your chosen category.
4. If the student, spouse, or parent filed a 2015 Federal Tax Return, attach a copy of all 2015 IRS Tax Return Transcripts and Form W-2(s). If the student, spouse, or parent has filed a 2016 Federal Tax Return as of the date this form is completed, attach copies of all 2016 IRS Tax Return Transcripts and Form W-2(s).
5. Attach a separate page to describe any additional information regarding your family's circumstances.

Circumstance (Check Only One)	Reasons	Required Documentation
___ Loss of Employment	<ul style="list-style-type: none"> • Termination/Layoff from Job • Significant Reduction in Weekly Work Hours • Retirement • Return to School 	<ul style="list-style-type: none"> • Termination notice or resignation acknowledgment from employer • Last pay stub with year-to-date earnings • Benefits statement from Unemployment Office, Social Security Administration, or pension agency • Severance pay notice
___ Loss of Taxable or Untaxed Income	Includes but is not limited to: child support, alimony, disability, workers compensation	<ul style="list-style-type: none"> • Documentation of benefits termination with date of change from provider
___ Divorce or Separation	Parent (or student's spouse if independent) no longer resides in the household due to divorce or separation after the 2017-2018 FAFSA was filed	<ul style="list-style-type: none"> • Copy of divorce decree or legal separation agreement • Proof of separate residences (e.g., lease, utility bill, driver license) if decree or agreement is not available • Separation Date (MM/CCYY): _____ • Child Support and/or Alimony received: amount, frequency (weekly/monthly), and date payments began
___ Death of Parent or Spouse	Parent or student's spouse (if independent) passed away after the 2017-2018 FAFSA was filed	<ul style="list-style-type: none"> • Copy of death certificate • Life insurance proceeds
___ Disability	Student, parent or student's spouse (if independent) suffered total and permanent disability after 2014	<ul style="list-style-type: none"> • Physician signed letter regarding disability length • Last pay stub with year-to-date earnings • Monthly disability statement from the SSA and/or private insurance company

Certification (Sign in ink)

I/we certify that the information reported on this form to the Kean University Office of Financial Aid is true, correct, and complete. The documentation to support the change in family circumstances indicated above is attached.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
 (required for dependent students)