



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

**2019-2020 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. Enter the month and year in which the change occurred: Month \_\_\_\_\_ / Year \_\_\_\_\_
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 2017 Federal Tax Return, attach signed copies of all 2017 IRS Tax Return pages and Form W-2(s). If the student, spouse, or parent has filed a 2018 Federal Tax Return as of the date this form is completed, attach signed copies of all 2018 IRS Tax Return pages and Form W-2(s).
5. Additional information describing your family's circumstances should be written on the reverse side of this form.

<b>Circumstance (Check Only One)</b>	<b>Reasons</b>	<b>Required Documentation</b>
<input type="checkbox"/> Loss of Employment <input type="checkbox"/> Student <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Student's Spouse	<ul style="list-style-type: none"><li>• Termination/Layoff from Job</li><li>• Significant Reduction in Weekly Work Hours</li><li>• Retirement</li><li>• Return to School</li></ul>	<ul style="list-style-type: none"><li>• Termination notice, hours reduction, or resignation acknowledgment from employer</li><li>• Last pay stub with year-to-date earnings</li><li>• Benefits statement from Unemployment Office, Social Security Administration, or pension agency</li><li>• Severance pay notice</li></ul>
<input type="checkbox"/> Loss of Taxable or Untaxed Income <input type="checkbox"/> Student <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Student's Spouse	<ul style="list-style-type: none"><li>• Includes but is not limited to: child support, alimony, workers compensation, disability</li></ul>	<ul style="list-style-type: none"><li>• Documentation of benefits termination with date of change from provider</li></ul>
<input type="checkbox"/> Divorce or Separation	<ul style="list-style-type: none"><li>• Parent (or student's spouse if independent) no longer resides in the household due to divorce or separation after the 2019-2020 FAFSA was filed **</li></ul>	<ul style="list-style-type: none"><li>• Copy of divorce decree or legal separation agreement</li><li>• Proof of separate residences (e.g., lease, utility bill, driver license) if decree or agreement is not available</li><li>• Child Support and/or Alimony received: amount, frequency (weekly/monthly), and date payments began</li></ul>
<input type="checkbox"/> Death of Parent or Spouse	<ul style="list-style-type: none"><li>• Parent or student's spouse (if independent) passed away after the 2019-2020 FAFSA was filed **</li></ul>	<ul style="list-style-type: none"><li>• Copy of death certificate</li><li>• Life insurance proceeds</li></ul>
<input type="checkbox"/> Disability <input type="checkbox"/> Student <input type="checkbox"/> Father/Stepfather <input type="checkbox"/> Mother/Stepmother <input type="checkbox"/> Student's Spouse	<ul style="list-style-type: none"><li>• Student, parent, or student's spouse (if independent) suffered total and permanent disability after 2016</li></ul>	<ul style="list-style-type: none"><li>• Physician signed letter regarding disability length</li><li>• Last pay stub with year-to-date earnings</li><li>• Monthly disability statement from the SSA and/or private insurance company</li></ul>

\*\* If divorce/separation or death occurred *before* the 2019-2020 FAFSA was filed, contact the Office of Financial Aid for instructions.

**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: \_\_\_\_\_  
(required for dependent students)

Date: \_\_\_\_\_