



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

**2021-2022 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. **Incomplete applications cannot be reviewed.**
4. If the student, spouse, or parent filed a 2019 Federal Tax Return, attach signed copies of all 2019 IRS Tax Return pages and Form W-2(s). If the student, spouse, or parent has filed a 2020 Federal Tax Return as of the date this form is completed, attach signed copies of all 2020 IRS Tax Return pages and Form W-2(s).
5. Check here (  ) if additional information describing your family's circumstances is attached to this application.
6. Please email the application with supporting documentation to [finaid@kean.edu](mailto:finaid@kean.edu)

<b>Circumstance (Check Only One)</b>	<b>Reasons</b>	<b>Required Documentation: must be included</b>
___ Loss of Employment ___ Student ___ Father/Stepfather ___ Mother/Stepmother ___ 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>
___ Loss of Taxable or Untaxed Income ___ Student ___ Father/Stepfather ___ Mother/Stepmother ___ 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>
___ Divorce or Separation ___ Student and Spouse ___ Student's Legal Parents	<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 2021-2022 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>
___ Death of Parent or Spouse	<ul style="list-style-type: none"> <li>• Parent or student's spouse (if independent) passed away after the 2021-2022 FAFSA was filed **</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of death certificate</li> <li>• Life insurance proceeds</li> </ul>
___ Disability ___ Student ___ Father/Stepfather ___ Mother/Stepmother ___ Student's Spouse	<ul style="list-style-type: none"> <li>• Student, parent, or student's spouse (if independent) suffered total and permanent disability after 2018</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 2021-2022 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: \_\_\_\_\_