KEAN UNIVERSITY
OFFICE OF FINANCIAL AID

2012-2013 SPECIAL CONDITION APPLICATION

Student’s Name ___________________________________   Kean ID# ___________________

Instructions: Check the box that represents your change in family circumstance. Do not file this form if any of the following conditions occurred after December 31, 2012. A change in income, for any of the following reasons must have been for ten weeks or more in 2012. Your application will be processed only once all necessary documents are received. You must submit a copy of your 2011 IRS Tax Transcript if you filed a 2011 Federal Tax return and all 2011 W-2(s). In addition to the tax information, you must also submit the additional documents listed under each category.

[ ] UNEMPLOYED

- Name of unemployed person
- Relationship to student
- Date of unemployment
  (Attach notification of termination of employment by employer).
  (Attach copy of last pay stub for person who is unemployed).
- Amount earned in 2012 prior to unemployment $____________________
- Weekly amount of unemployment benefits $____________________
  (Provide proof of amount of weekly unemployment benefits).
- Date unemployment benefits began

*NOTE: If not eligible for unemployment compensation, please attach an explanation.

- Has the person returned to work?  [ ] Yes  [ ] No
- If yes, enter date and gross weekly salary $____________________
  (Attach letter from current or prospective employer stating gross weekly salary if the unemployed person has returned to work if applicable).
- Is the person receiving severance pay?  [ ] Yes  [ ] No
- If yes, enter gross weekly amount $____________________
- Date severance pay began on ________ and severance pay will conclude on ________________
  (Attach letter indicating the amount of severance pay received or to be received if applicable).
- Spouse’s 2012 expected income $____________________
  (Attach letter from spouse’s employer stating expected earnings for 2012).

[ ] DISABLED

- Name of disabled person
- Date of disability
- Amount earned in 2012 prior to disability $____________________
  (Attach copy of the last pay stub for the person who is on disability).
- Weekly workers’ compensation or other disability payments $____________________
- These payments are [ ] taxed  [ ] untaxed
- Date workers’ compensation or other disability payments began
  (Attach documentation of weekly workers compensation or disability benefits from the agency paying the benefits).
  (Documentation from the Social Security Administration of the amount of the family’s monthly social security benefits if applicable).

- Is the disability permanent?  [ ] Yes  [ ] No
  - If yes, monthly amount of your family’s social security benefits $____________________
  Date social security benefits began: ________________________________
  - If no, give anticipated date of return to work: ________________________________
  and gross weekly salary: $____________________

(Over for signature and additional criteria)
[ ] RETIRED
   ➢ Name of retired person __________________________
   ➢ Date of retirement __________________________
   ➢ Amount earned in 2012 prior to retirement $_________________________
     (Copy of the last pay stub for the person who has retired).
   ➢ Monthly amount of pension $_________________________
     (Attach documentation of the amount of monthly pension benefits
     from the agency paying the benefits).
   ➢ This pension is [ ] taxable [ ] untaxed Date pension began __________________________
   ➢ Monthly family social security benefits $_________________________
     (Attach documentation from the Social Security Administration
     of the amount of the family’s monthly social security benefits (if applicable).
   ➢ Date social security benefits began __________________________

[ ] DEATH
   ➢ Name of deceased and relationship to student __________________________
   ➢ Date of death __________________________
     (Attach copy of the death certificate).
   ➢ Life insurance proceeds received or to be received $_________________________
   ➢ Date social security benefits began __________________________
     (Attach documentation from the Social Security Administration
     of the amount of family’s monthly social security benefits.)

[ ] DIVORCED/SEPARATED
   ➢ The applicant or the parents have divorced or separated since filing the FAFSA.
   ➢ Date of divorce/ or separation __________________________
     (Attach a copy of the separation agreement or divorce decree
     that states the weekly amount of child support or alimony to be paid.
   ➢ Weekly amount of child support received $_________________________
   ➢ Weekly amount of alimony $_________________________
   ➢ Date payments began __________________________

[ ] LOSS OF UNTAXED INCOME
   The applicant, applicant’s spouse or parent received untaxed income in 2011, but lost this income in 2011 or 2012.
   ➢ Name of person who lost benefits __________________________
   ➢ Type of benefits lost __________________________
     (Attach documentation from the agency that paid the benefits
     stating the amount received, date of termination, and reason for termination.
   ➢ Effective date __________________________
   ➢ Reason benefits were terminated __________________________
   ➢ Total amount to be received in 2012 $_________________________

[ ] INDEPENDENT STUDENT (LOSS OF FULL TIME EMPLOYMENT)
An independent applicant worked full time (at least 35 hours per week) for at least 30 weeks in 2011, but is no longer
working full time.
   ➢ Applicant is currently: [ ] working part-time [ ] unemployed (date of change _____________)
   ➢ If working part-time, what are the applicant’s expected total wages for 2012 $_________________________
     (Attach a copy of a letter from your employer stating the date your employment status changed and your expected
     earnings for 2012. If unemployed, submit all documentation noted in the Unemployment section.)

CERTIFICATION & AUTHORIZATION
I/We declare that the information reported on this form to the Kean University Office of Financial Aid is true, correct, and complete. I
(We) declare that documentation to support the change in family circumstances indicated above is attached. See attached page for
examples of supporting documentation. Please sign in ink.

Student’s Signature: __________________________ Date: __________________________
Parent’s Signature: __________________________ Date: __________________________

Kean ID# __________________________