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

2016-2017 Special Condition Application

Student Name: ____________________________ Kean ID #: ______________

Instructions: Check the box that represents your change in family circumstances.
~ Do not file this form if any of the following conditions occurred after December 31, 2016.
~ A change in income, for any of the following reasons, must have been for 10 weeks or more in 2015.
~ If your Estimated Family Contribution (EFC) is zero (0), you are not eligible to file this application.
~ You must submit a copy of your 2015 IRS Tax Return Transcript (if you filed a 2015 Federal Tax return) and all
2015W-2(s). In addition to the tax information, you must also submit the additional documents listed under each category.
~ Your application will be processed only once all necessary documents are received.

Check ONLY one box from Sections A - G:

A. [ ] UNEMPLOYED
   Name of unemployed person: __________________________________________
   Relationship to student: ____________________________________________
   Date of unemployment: ____________________________
   Attach notification of termination of employment by employer and copy of last pay stub
   for person who is unemployed.
   Amount earned in 2016 prior to unemployment: $____________________
   Weekly amount of 2016 Unemployment Benefits: $____________________
   Provide proof of amount of weekly unemployment benefits.
   Date Unemployment Benefits began: ____________________________
   If not eligible for unemployment compensation, please attach an explanation.
   Has the person returned to work: [ ] Yes OR [ ] No
   If yes, enter date and 2016 gross weekly salary: $____________________
   Attach letter from current or prospective employer stating gross weekly salary
   if the unemployed person has returned to work.
   Is the person receiving Severance Pay: [ ] Yes OR [ ] No
   If yes, enter: Gross Weekly Amount: $____________ OR Lump Sum Payment $____________
   Date Severance Pay began: __________________ Severance Pay will conclude on __________________
   Attach letter indicating the amount of Severance Pay received or to be received (if applicable).
   Spouse’s 2016 expected income: $____________________
   Attach letter from spouse’s employer stating expected earnings for 2016.

B. [ ] DISABLED
   Name of disabled person: __________________________________________
   Date of disability: ____________________________
   Amount earned in 2016 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 OR [ ] Untaxed
   Date Workers’ Compensation or other Disability Payments began: ____________________________
   Attach documentation of weekly Workers Compensation or Disability Benefits from the
   agency paying the benefits, in addition to documentation from the Social Security
   Administration of the amount of the family’s monthly Social Security Benefits (if applicable).
   Is the disability permanent: [ ] Yes OR [ ] 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: $____________________

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C. [ ] RETIRED
   Name of retired person: ________________________________
   Date of retirement: ________________
   Amount earned in 2016 prior to retirement: $____________
   Attach copy of the last pay stub for the person who has retired.
   Monthly amount of 2016 pension: $____________
   Attach documentation of the amount of Monthly Pension Benefits from the agency paying the benefits.
   This pension is [ ] Taxable OR [ ] 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: ________________

D. [ ] 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.

E. [ ] 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: ________________
   Attach copies of all 2015 W-2 forms if you filed a joint tax return.

F. [ ] LOSS OF UNTAXED INCOME
   The applicant, applicant’s spouse or parent received untaxed income in 2015, but lost this income in 2015 or 2016.
   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 2016: $____________

G. [ ] 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 2015, but is no longer working full time.
   Applicant is currently [ ] Working Part-Time OR [ ] Unemployed: Date of change ________________
   If working part-time, what are the applicant’s expected total wages for 2016: $____________
   Attach a copy of a letter from your employer stating the date your employment status changed and your expected earnings for 2016. If unemployed, submit all documentation noted in section A: Unemployed.

CERTIFICATION & AUTHORIZATION
I/We certify that the information reported on this form to the Kean University Office of Financial Aid is true, correct, and complete.
I/We certify that documentation to support the change in family circumstances indicated above is attached. Be sure tax information is included. Please sign in ink.

Student Signature: ________________________________ Kean ID #: ________________ Date: ________________

Parent Signature (required for dependent students): ________________________________ Date: ________________