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 2016.
~ 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: $ ________________
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: ________________
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: __________