



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

2024-2025 Special Circumstances 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.**
***** You must submit this form with all required documentation, or it will be returned to you as incomplete. *****

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 2022 Federal Tax Return, attach signed copies of all 2022 IRS Tax Return pages and Form W-2(s), with student Kean ID# on all pages. If the student, spouse, or parent has filed a 2023 Federal Tax Return as of the date this form is completed, attach signed copies of all 2023 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 submit this application through KeanWISE Financial Aid Self Service. **Include ALL supporting documentation or the form will be returned to you as incomplete.**

Circumstance (Check Only One)	Reasons	Required Documentation: must be included
___ Change in Employment ___ Student ___ Father/Stepfather ___ Mother/Stepmother ___ Student’s Spouse	<ul style="list-style-type: none"> • Termination/Layoff from Job • Significant Reduction in Weekly Work Hours • Retirement • Return to School 	<ul style="list-style-type: none"> • Termination notice, hours reduction, or resignation acknowledgment from employer • Last pay stub with year-to-date earnings • Benefits statement from Unemployment Office, Social Security Administration, or pension agency • Severance pay notice
___ Loss of Taxable or Untaxed Income ___ Student ___ Father/Stepfather ___ Mother/Stepmother ___ Student’s Spouse	<ul style="list-style-type: none"> • Includes but is not limited to: child support, alimony, worker’s compensation, disability 	<ul style="list-style-type: none"> • Documentation of benefits termination with date of change from provider
___ Divorce or Separation ___ Student and Spouse ___ Student’s Legal Parents	<ul style="list-style-type: none"> • Parent (or student’s spouse if independent) no longer resides in the household due to divorce or separation after the 2024-2025 FAFSA was filed ** 	<ul style="list-style-type: none"> • Copy of divorce decree or legal separation agreement • Proof of separate residences (e.g., lease, utility bill, driver license) if decree or agreement is not available • Child Support and/or Alimony received: amount, frequency (weekly/monthly), and date payments began
___ Death of Parent or Spouse	<ul style="list-style-type: none"> • Parent or student’s spouse (if independent) passed away after the 2024-2025 FAFSA was filed ** 	<ul style="list-style-type: none"> • Copy of death certificate • Life insurance proceeds
___ Disability ___ Student ___ Father/Stepfather ___ Mother/Stepmother ___ Student’s Spouse	<ul style="list-style-type: none"> • Student, parent, or student’s spouse (if independent) suffered total and permanent disability after 2021 	<ul style="list-style-type: none"> • Physician signed letter regarding disability length • Last pay stub with year-to-date earnings • Monthly disability statement from the SSA and/or private insurance company

** If divorce/separation or death occurred *before* the 2024-2025 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: _____