

**SETON HALL UNIVERSITY**  
**Special Circumstance Application: 2019-2020**

**DEPENDENT**

This form is provided for you and your family if you have experienced special circumstances, which may affect your ability to pay college costs, but could not be reported on the 2019-2020 Free Application for Federal Student Aid (FAFSA).

Student Name: \_\_\_\_\_ SHUID: \_\_\_\_\_  
 (Please print) Last First MI

Address: \_\_\_\_\_  
 Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Eligibility for financial aid for 2019-2020 is generally based on income received in 2017. If your situation has changed drastically from the information you provided on the 2019-2020 FAFSA and the situation falls into one of the categories listed on this form, you may submit a completed Special Circumstance Application with all of the required documentation (please note that Seton Hall University reserves the right to request additional documentation). Incomplete submissions will not be considered. Make sure your name and SHU ID# are clearly marked on all attachments.

Once a completed request is reviewed, it may result in either 1) a reduction in the base year income and/or assets, 2) the use of projected income for the current calendar year, or 3) an increase in Cost of Attendance (COA) for the current academic year. In some cases, an adjustment may or may not increase the student's eligibility for gift aid (Federal and State grants that do not need to be repaid). In fact, the adjustment may only increase the student's or parent's eligibility for loans, change non-need based loans to need-based loans, or may not result in any increased aid. **Please note that all documentation must be submitted and processed before September 1, 2019 (allowing our normal process time of four to six weeks from the date the last document for processing has been received) for consideration of any Institutional Grant Funding. Exceptions to this date will not be considered.**

- **We will begin accepting applications for continuing students June 1, 2019**
- **Deadline for submission: Fall 2019 - 10/1/2019, Spring 2020 - 2/1/2020**

**\*\*Decisions are not guaranteed before the start of the Fall semester so payment arrangements will need to be made based on the original award package received.\*\***

**SECTION A: INDICATION OF SPECIAL CIRCUMSTANCE**

**Instructions: Check the Special Circumstance that applies to your situation and attach the appropriate documentation.**

- A. **Loss of parent income from work due to layoff, closing of business, termination or reduction in employment hours.** Documentation needed:
- Copy of your and your parents' 2017 IRS tax return transcript **OR** 2017 Income Tax Return (if you submitted a copy of either document for verification you do not need to resubmit them)
  - Completed 2019-2020 Dependent Verification Worksheet (if you submitted this form for verification, it does not need to be resubmitted)
  - Provide a narrative detailing the reason you are requesting an income adjustment
  - Letter from previous employer documenting effective dates of employment and any paid severance, vacation, personal and/or sick leave
  - Copy of last pay stub from previous job
  - Copy of **both parent's** most recent pay stubs from current job (if currently employed)
  - Letter from unemployment office documenting effective dates and benefits received
  - Documentation of any other income received during 2018 & 2019 (for both parents, if married)
- B. **Loss of unemployment compensation.** Documentation needed:
- Letter from unemployment office stating start/end dates and benefit amount
  - Copy of your and your parents' 2017 IRS tax return transcript **OR** 2017 Income Tax Return (if you submitted a copy of either document for verification you do not need to resubmit them)
  - Completed 2019-2020 Dependent Verification Worksheet (if you submitted this form for verification, it does not need to be resubmitted)
  - Provide a narrative detailing the reason you are requesting an income adjustment

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- C. **Death, divorce or separation has occurred since the FAFSA was filed.** Documentation needed:
  - Copy of death certificate or divorce/separation decree
  - Copy of you and your parents' 2017 IRS tax return transcript **OR** 2017 Income Tax Return (if you submitted a copy of either document for verification you do not need to resubmit them)
  - Completed 2019-2020 Dependent Verification Worksheet (if you submitted this form for verification, it does not need to be resubmitted)
  - Provide a narrative detailing the reason you are requesting an income adjustment
- D. **Loss of untaxed income (including social security benefits, child support, worker's compensation benefits, and/or pensions/annuities).** Documentation needed:
  - Letter from the related agency stating start/end dates and benefit amount.
  - Copy of your and your parents' 2017 IRS tax return transcript **OR** 2017 Income Tax Return (if you submitted a copy of either document for verification you do not need to resubmit them)
  - Completed 2019-2020 Dependent Verification Worksheet (if you submitted this form for verification, it does not need to be resubmitted)
  - Provide a narrative detailing the reason you are requesting an income adjustment
- E. **Unusual medical and/or dental expenses that were incurred during 2017.** Documentation needed:
  - Signed copy of your and your parents' 2017 IRS tax return transcript **including Schedule A** that includes the amount of medical and dental expenses deducted **OR** 2017 Income Tax Return (if you submitted a copy of either document for verification you do not need to resubmit them)
  - Completed 2019-2020 Dependent Verification Worksheet (if you submitted this form for verification, it does not need to be resubmitted)
  - Provide a narrative detailing the reason you are requesting an adjustment

**SECTION B: INCOME VERIFICATION**

<u>REPORT GROSS INCOME</u>	<u>ACTUAL INCOME</u> 1-1-2018 to 12-31-2018	<u>PROJECTED INCOME</u> 1-1-2019 thru Date / /	<u>TOTAL AMOUNT</u> (Actual + Projected Columns)
Father's income from work	\$	\$	\$
Mother's income from work	\$	\$	\$
Taxable interest income	\$	\$	\$
Taxable pensions/annuities	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Taxable portions of Social Security	\$	\$	\$
Alimony/Spousal Support	\$	\$	\$
Other	\$	\$	\$
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Untaxed portions of Social Security	\$	\$	\$
Welfare Benefits or AFDC	\$	\$	\$
Untaxed pensions/annuities	\$	\$	\$
Worker's compensation	\$	\$	\$
Child support received	\$	\$	\$
IRA/KEOGH contributions	\$	\$	\$
Untaxed interest income	\$	\$	\$
Other	\$	\$	\$
<b>Office Use Only</b>			

**SECTION C: CERTIFICATION AND SIGNATURES**

I give permission to the Office of Financial Aid to verify any additional information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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