



Student Name _____

Student ID Number _____

Phone Number _____

Student Email _____

2021-2022 CHANGE IN FAMILY CIRCUMSTANCES REVIEW REQUEST FORM

We understand that families sometimes experience special circumstances that affect their ability to contribute to educational costs. To have your account reviewed to determine if additional federal, state or institutional financial aid may be available to you, **you must do all of the following:**

1. File a 2021-2022 FAFSA. We cannot consider your Change In Family Circumstance appeal until your FAFSA is submitted.
2. Wait until you receive your Financial Aid Package. We cannot review your Change In Family Circumstance appeal until your initial financial aid package is prepared.
3. Check next to the description of your special circumstance in the chart provided below and fill in the information requested.
4. Submit this signed form along with all required supporting documentation. Our review will not begin until all required documentation is received. Return this form and supporting documentation to the Financial Aid Office on Your Campus.

Florham Campus:

Office of Financial Aid/Fairleigh Dickinson University/285 Madison Ave, M-MSO-02/Madison, NJ 07940
Fax: 973-443-8534

Metropolitan Campus:

Office of Financial Aid/Fairleigh Dickinson University/1000 River Road, T-KB1-04.Teaneck, NJ 0766
Fax: 201-692-2364

Please Note!

- The submission of a Change in Family Circumstances appeal does not guarantee additional funds.
- You should make arrangements to pay your bill with the aid you are currently offered. We can make adjustments if your appeal is approved.
- The review of your appeal may take between two and three weeks to process. You should monitor your webadvisor account and check your FDU email regularly for updates.
- The decision by the Financial Aid Office concerning your change in circumstances appeal is final.

Student Signature _____

Date _____

Parent Signature _____

Date _____

Amount of federal stimulus received in 2021 from American Rescue Plan Act _____

Check Next to the Circumstance That Applies to Your Specific Situation

Special Circumstance	Required Documentation
<input type="checkbox"/> Death of Parent Name of parent: _____ Date of death: _____	<input type="checkbox"/> Death certificate <input type="checkbox"/> Summary of death benefits (i.e. life insurance, social security, etc.) or signed statement from surviving parent if no death benefits will be received <input type="checkbox"/> Copy of parent tax return and W2 forms for 2019
<input type="checkbox"/> Divorce/Separation Date of divorce or separation: _____	<input type="checkbox"/> Signed statement of explanation from student <input type="checkbox"/> Separation agreement or divorce decree, if available <input type="checkbox"/> Proof of maintenance of separate households (leases, utility bills, etc.) <input type="checkbox"/> Parent(s) FAFSA tax year federal Tax Return <input type="checkbox"/> All federal W2's for FAFSA tax year for parent(s)
<input type="checkbox"/> Loss of Employment Name of person who lost employment: _____ Date of loss of employment: _____	<input type="checkbox"/> Parent(s) 2019 signed federal Tax Return <input type="checkbox"/> ALL federal W2's for FAFSA tax year (2019) <input type="checkbox"/> Signed statement of explanation from student <input type="checkbox"/> Signed statement from person now unemployed outlining the request – including last date of employment <input type="checkbox"/> Copy of severance agreement or statement that no severance received <input type="checkbox"/> Copy of final pay stub from former employer <input type="checkbox"/> Copy of the letter of determination or payment summary showing unemployment benefit eligibility –must include weekly amount and dates of eligibility <input type="checkbox"/> Copy of most recent pay stubs for those employed in current tax year
<input type="checkbox"/> Reduction of Income from Work Name of person who had a reduction of income from work: _____ Date of change: _____	<input type="checkbox"/> Parent(s) 2019 signed federal Tax Return <input type="checkbox"/> ALL federal W2's for 2019 <input type="checkbox"/> Signed statement of explanation from student <input type="checkbox"/> Signed statement of explanation from the person experiencing a decrease in income – statement must include a detailed explanation and supporting documentation, if available <input type="checkbox"/> Copy of most recent pay stub from current employer indicating lower wages

<input type="checkbox"/> Disability Name of person on disability: _____ Date of disability: _____	<input type="checkbox"/> Parent(s) 2019 signed federal Tax Return <input type="checkbox"/> ALL federal W2's for 2019 <input type="checkbox"/> Signed statement of explanation from student <input type="checkbox"/> Signed statement of explanation from parent <input type="checkbox"/> Copy of disability benefits. Documentation should include weekly benefit amount, state part of benefit, and duration of benefit. <input type="checkbox"/> Copy of most recent pay stub
<input type="checkbox"/> Retirement Name of retired person: _____ Date of retirement: _____	<input type="checkbox"/> Parent(s) 2019 signed federal Tax Return <input type="checkbox"/> ALL federal W2's for 2019 <input type="checkbox"/> Signed statement of explanation from student <input type="checkbox"/> Signed statement of explanation from the person who retired – statement must include the date of retirement <input type="checkbox"/> Copy of final paystub <input type="checkbox"/> Documentation of retirement benefits which must include date benefits begin, the monthly amount, and whether retirement benefits are taxable or untaxable (401(k), 403(b), IRA, etc) <input type="checkbox"/> Copy of separation package, if applicable
<input type="checkbox"/> Loss of Untaxed Income Name of person who lost income: _____ Type of income lost: _____ Date of loss: _____ Total amount to be received in 2020: _____	<input type="checkbox"/> Signed statement of explanation from the student <input type="checkbox"/> Signed statement of explanation from the parent. <input type="checkbox"/> Documentation of monthly child support payment and court or other documents showing the date the payments stopped
<input type="checkbox"/> Unusual Medical Expenses	<input type="checkbox"/> Signed statement of explanation from student <input type="checkbox"/> Signed statement of explanation from the parent <input type="checkbox"/> Copies of medical bills and receipts of payment <input type="checkbox"/> Documentation of amounts paid by insurance <input type="checkbox"/> Copy of parent tax return and W2 forms for impacted year