



Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Student Email \_\_\_\_\_

## 2023-2024 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 the following:**

1. File a 2023-2024 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 (**no computer signatures accepted**) 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 self-service account and check your FDU email regularly for updates.
- The decision by the Financial Aid Office concerning your change in circumstances appeal is final.

**NO COMPUTER SIGNATURES ACCEPTED**

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

## Check Next to the Circumstance That Applies to Your Specific Situation

<b>Special Circumstance</b>	<b>Required Documentation</b>
<input type="checkbox"/> <b>Death of Parent</b>  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 2021
<input type="checkbox"/> <b>Divorce/Separation of Parent</b>  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 2021 for parent(s)
<input type="checkbox"/> <b>Divorce/Separation of Student</b>  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"/> Student and former Spouse FAFSA tax year federal Tax Return <input type="checkbox"/> All federal W2's for FAFSA tax year 2021 for parent(s)
<input type="checkbox"/> <b>Loss of Employment Parent</b>  Name of person who lost employment: _____  Date of loss of employment: _____	<input type="checkbox"/> Parent(s) 2021 signed federal Tax Return <input type="checkbox"/> ALL federal W2's for FAFSA tax year (2021) <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 (if applicable) <input type="checkbox"/> Copy of most recent pay stubs for those employed in current tax year
<input type="checkbox"/> <b>Loss of Employment Student</b>  Name of person who lost employment: _____	<input type="checkbox"/> Student(s) 2021 signed federal Tax Return <input type="checkbox"/> ALL federal W2's for FAFSA tax year (2021) <input type="checkbox"/> Signed statement of explanation from student 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

<p>Date of loss of employment: _____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of the letter of determination or payment summary showing unemployment benefit eligibility –must include weekly amount and dates of eligibility (if applicable)</li> <li><input type="checkbox"/> Copy of most recent pay stubs for those employed in current tax year</li> </ul>
<p><input type="checkbox"/> <b>Reduction of Income from Work - Parent</b></p> <p>Name of person who had a reduction of income from work: _____</p> <p>Date of change: _____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parent(s) 2021 signed federal Tax Return</li> <li><input type="checkbox"/> ALL federal W2's for 2021</li> <li><input type="checkbox"/> Signed statement of explanation from student</li> <li><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</li> <li><input type="checkbox"/> Copy of most recent pay stub from current employer indicating lower wages</li> </ul>
<p><b>Reduction of Income from Work - Student</b></p> <p>Name of person who had a reduction of income from work: _____</p> <p>Date of change: _____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Student(s) 2021 signed federal Tax Return</li> <li><input type="checkbox"/> ALL federal W2's for 2021</li> <li><input type="checkbox"/> Signed statement of explanation from student– statement must include a detailed explanation and supporting documentation, if available</li> <li><input type="checkbox"/> Copy of most recent pay stub from current employer indicating lower wages</li> </ul>
<p><input type="checkbox"/> <b>Disability</b></p> <p>Name of person on disability: _____</p> <p>Date of disability: _____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parent(s) 2021 signed federal Tax Return</li> <li><input type="checkbox"/> ALL federal W2's for 2021</li> <li><input type="checkbox"/> Signed statement of explanation from student</li> <li><input type="checkbox"/> Signed statement of explanation from parent</li> <li><input type="checkbox"/> Copy of disability benefits. Documentation should include weekly benefit amount, state start of benefit, and duration of benefit.</li> <li><input type="checkbox"/> Copy of most recent pay stub</li> </ul>
<p><input type="checkbox"/> <b>Retirement</b></p> <p>Name of retired person: _____</p> <p>Date of retirement: _____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parent(s) 2021 signed federal Tax Return</li> <li><input type="checkbox"/> ALL federal W2's for 2021</li> <li><input type="checkbox"/> Signed statement of explanation from student</li> <li><input type="checkbox"/> Signed statement of explanation from the person who retired – statement must include the date of retirement</li> <li><input type="checkbox"/> Copy of final paystub</li> </ul>

	<ul style="list-style-type: none"> <li><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)</li> <li><input type="checkbox"/> Copy of separation package, if applicable</li> </ul>
<p><input type="checkbox"/> <b>Loss of Untaxed Income</b></p> <p>Name of person who lost income: _____</p> <p>Type of income lost: _____</p> <p>Date of loss: _____</p> <p>Total amount to be received in 2021: _____</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Signed statement of explanation from the student</li> <li><input type="checkbox"/> Signed statement of explanation from the parent.</li> <li><input type="checkbox"/> Documentation of monthly child support payment and court or other documents showing the date the payments stopped</li> </ul>
<p><input type="checkbox"/> <b>Unusual Medical Expenses</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Signed statement of explanation from student</li> <li><input type="checkbox"/> Signed statement of explanation from the parent</li> <li><input type="checkbox"/> Copies of medical bills and receipts of payment</li> <li><input type="checkbox"/> Documentation of amounts paid by insurance</li> <li><input type="checkbox"/> Copy of parent tax return and W2 forms for impacted year</li> </ul>

Updated 10.4.23