

Documents can be submitted via secure e-mail from your RAMAPO EMAIL ADDRESS to finaiddocs@ramapo.edu or can be returned in person or via mail to:

Office of Financial Aid E-210

Ramapo College of NJ

505 Ramapo Valley Road

Mahwah, NJ 07430

Please Note: You must file a 2025-2026 Free Application for Federal Student Aid (FAFSA) and receive a financial aid notification before submitting this form.

DEPENDENT REQUEST FOR REVIEW - UNUSUAL CIRCUMSTANCES 2025-2026 ACADEMIC YEAR

Complete this form if you have extenuating circumstances which have resulted in a reduction in resources or a decrease in disposable income for calendar year 2023 or 2024 which will impact your family's ability to contribute toward your educational expenses. If your circumstances changed in 2025, we will consider those after 6/1/25.

You must print out and complete ONLY the application page of this document (page 2).

Submit your application with the specific documentation listed for your circumstance on the last page.

The office will only consider reductions in income for the circumstances listed in Sections A, B or C on the application. The following circumstances **will not be considered** for a reduction in income:

- Tuition paid for elementary/secondary private school.
- Unusual expenses related to personal living (e.g., bills for repairs, wedding expenses, credit card bills, home mortgage or school loan payments, car payments, legal expenses, other miscellaneous consumer item expenses).
- Reductions in income resulting from bankruptcy proceedings.
- Foreclosure of your primary home.
- Medical expenses incurred but not paid.

If the reason you are requesting a review is listed above, do not complete this form.

Once all documents are received, processing takes 3-4 weeks. Please monitor for changes in web self-service.

DEPENDENT REQUEST FOR REVIEW APPLICATION UNUSUAL CIRCUMSTANCES 2025-2026 ACADEMIC YEAR

Name: ID#:				
Complete M	lailing Address:			
Telephone #	t:	Email Address:		
A. Red	uction of Income:			
		st describes your current rred. <i>Leaving this inform</i> d		_
	Loss of Employmer	nt or Wages:		
	Student	Father	Mother	
	Last Date of emplo	yment: Dat	e expected to return to	work:
	Loss of Unemployn	nent Compensation or Un	taxed Income or Benefit	s:
	Student	Father	Mother	
	Which type of bene	efits have ended:		Date:
	•	rce of Wage Earner(s): separated or divorced sin	ce filing a joint tax retu	rn and/or since the Date:
	Death or Disability	of Wage Earner:		
	Student	Father	Mother	Date:
	If disability, please	identify the condition:		
B. Unu	sual Expenses:			
	Unusual Medical/Dreturn.	ental Expenses claimed o	on Schedule A of the 202	2 or 2023 tax
CRoll	over of IRA or Pension	funds:		
	A rollover of IRA or	pension funds for the 20	22 tax year is inflating th	ne income reported.
Please provi	de any additional info	rmation to support your _l	petition:	
Student Signature:				
Parent Signature:			Da ⁻	te:

Required Documents for Request for Review:

You must submit a signed home copy (not IRS Transcript) of the student and parent's 2023 and 2024 federal tax returns, all pages and schedules (Schedules 1 – 3 and A, B, C, D, E, F;) no NJ return, no worksheets. Typically, the tax return is 2-10 pages.

You must submit copies of all student and parent 2023 and 2024 W-2's

2025-2026 Dependent Student Verification Worksheet available at https://ssba.ramapo.edu:8443/myssb/twbkwbis.P_GenMenu?name=bmenu.P_FAFormsMnu

In addition to the 2023 and 2024 federal tax returns, please submit the documentation indicated below as required to support your request:

Loss of Employment or Wages:

- Statement (on company letterhead) from prior employer(s) stating termination dates [if applicable], AND
- Last pay stub(s) from all prior position(s), including vacation and severance pay, AND
- Most recent pay stub for current employer(s) [if applicable], AND
- Documentation of Unemployment benefits with amount or denial. Unemployed person must file https://www.myunemployment.nj.gov/

Loss of Unemployment Compensation or Untaxed Income or Benefits:

 Statement from agency that terminated benefits indicating date of termination and total amount of benefits received for the current year

Separation of Wage Earners:

- Copy of legal separation document, OR
- Signed statement from your attorney, OR
- Proof of different legal residence for the party who left the household (driver's license, apartment lease, utility bill (not a cell phone bill), etc.)
- Documentation of spousal and/or child support, if applicable

Divorce of Wage Earners:

• Divorce decree with spousal and/or child support documentation

Death of Wage Earner:

- Death Certificate, OR
- Obituary notice, OR
- Bill from funeral home

Disability of Wage Earner:

- Number of benefits (short and/or long term) received since disability began, AND
- Documentation of all other income earned or received for the current year

Unusual Medical/Dental Expenses:

- Schedule A from the Federal 1040 form for 2022 or 2023 as applicable, OR
- Credit card statements, receipts marked paid, or statements from the medical provider listing all payments

Rollover of IRA or pension funds:

- 1099-R form AND
- 2023 federal 1040 tax return page 1

The DEADLINE for the 2025-26 year is 5/1/26 NJ Grant deadlines are earlier each term.