

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

Mawah, NJ 07430

**Please Note:** You must file a 2024—2025 Free Application for Federal Student Aid (FAFSA) and receive a financial aid notification before submitting this form.

## INDEPENDENT REQUEST FOR REVIEW - UNUSUAL CIRCUMSTANCES 2024 - 2025 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 2022 or 2023 which will impact your family's ability to contribute toward your educational expenses. If your circumstances changed in 2024, we will consider those after 6/1/24.

# 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,
- Reductions la necome energing item superior 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.

### INDEPENDENT REQUEST FOR REVIEW APPLICATION UNUSUAL CIRCUMSTANCES **2024 - 2025 ACADEMIC YEAR**

Name:		ID#:	
Complete Mai	iling Address:		
Telephone #:		Email Address:	
A. Reduc	ction of Income:		
	• •	t describes your current situation. I red. <i>Leaving this information blank</i>	
	Loss of Employmen	t or Wages:	
	Student	Spouse	
	Last Date of employ	yment: Date expected	to return to work:
	Loss of Unemploym	nent Compensation or Untaxed Inco	me or Benefits:
	Student	Spouse	
	Which type of bene	efits have ended:	Date:
		rce of Wage Earner(s): d or divorced since filing a joint tax r	eturn and/or since the Date:
	Death or Disability	of Wage Earner:	
	Student	Spouse	Date:
	If disability, please	identify the condition:	
B. Unusu	ıal Expenses:		
	Unusual Medical/D return.	ental Expenses claimed on Schedule	e A of the 2022 or 2023 tax
C. Rollov	ver of IRA or Pension j	funds:	
	A rollover of IRA or	pension funds for the 2022 tax year	r is inflating the income reported.
Please provide	e any additional infor	rmation to support your petition:	
Student Signat	ture:		Date:

### **Required Documents for Request for Review:**

You must submit a home copy (not IRS Transcript) of your (and spouse if applicable) 2022 and 2023 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 spouses's) 2022 and 2023 W-2's

2024-2025 Independent Student Verification Worksheet availible at https://ssba.ramapo.edu:8443/myssb/twbkwbis.P\_GenMenu?name=bmenu.P\_FAFormsMnu

In addition to the 2022 and 2023 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:**

- Amount 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
- 2022 federal 1040 tax return page 1

The DEADLINE for the 2024-25 year is 5/1/25 NJ Grant deadlines are earlier each term.