2027-2028 Special Condition Request

2641 John F. Kennedy Boulevard | Jersey City, NJ 07306 | financialaid@saintpeters.edu

The Financial Aid Office recognizes that a family can experience a change in financial circumstances which make it necessary to re-evaluate an aid application. Before consideration, the student must have submitted a 2027-28 Free Application for Federal Student Aid (FAFSA) and the results must be on file. Also, if selected, the federal/state verification process must be finalized prior to additional changes.
In addition to the required documents to support the request listed within the appropriate sections below, it is recommended that the student and/or parent write a letter describing the extenuating circumstances which have affected their ability to pay for college.

STUDENT INFORMATION

_____ _____

Last Name First Name SPIRIT ID Number

Student's Signature:_____ Parents' Signature:_____

Unemployment of a parent, independent student or student's spouse due to termination, disability, retirement or layoff.

Name of unemployed person: _____ Relationship to student:_____

Date of unemployment: ___/___/___ Weekly amount of Unemployment Benefits: $_____

What is the total amount of severance or vacation pay, if any, to be received in **20____**? $_____

Has this person returned to work? Yes No If yes, indicate date: ___/___/___

If yes, indicate monthly gross income from new job: $_____

Documentation Requirements:

- Copy of "Notice to Claimant of Benefit Determination" from unemployment office.
- Notice of termination from former employer with indication of last date of employment.
- Last pay stub(s) from former employer
- Verification of retirement or medical disability

Divorce or Separation of student or student's parents

Date of Divorce or Separation: ___/___/___ Name of parent student lives with? _____

Indicate weekly amount of support received by this parent:

Child Support (for all children): $_____ Alimony: $_____ Household Support: $_____

Documentation Requirements:

- Divorce decree or legal separation document
- If legal papers are not available, submit verification of differing addresses. This may be driver's licenses, utility bills, signed lease, employer verification, car insurance bill, etc.

Death of parent or spouse

Name of deceased person: _____ Date of Death: ___/___/___

Date Social Security Benefits began: _____ Monthly amount for all family members: $_____

Documentation Requirements:

- Death certificate, obituary notice or bill from funeral home

Loss of Untaxed Income or Benefits: social security, child support, pension, etc.

Person who lost benefits: _____ Type of benefits lost: _____

Date benefits lost: ___/___/___ Total received **20___**: $_____ Total received in **20___**: $_____

Documentation Requirements: Statement from agency which terminated benefits.

Student Loss of FULL-TIME Work (Student worked at least 35 hours a week for at least 30 weeks in 20___, but is no longer working full-time).

Applicant is currently working part-time or unemployed.
Reason for change in employment status: _____
If working part-time, what are the expected wages for 20___? $_____ If unemployed, please answer all questions in the Unemployment section above.

Note that the following conditions will NOT be considered:

- Parent and/or step-parent unwilling to provide information on a financial aid application and/or to assist in paying for college.
- Unusual expenses related to consumer debt, such as, credit card debt, car or insurance payments, mortgages, income or real estate taxes.
- Families with prior Special Conditions who underestimated their income
- Reductions in pay due to voluntary overtime
- Bankruptcy proceedings

Office Use Only	Approved By:
Reviewed By:	Approved By: