NJIT New Jersey Institute of Technology

Upload Completed Form/Documents:
http://www5.njit.edu/financialaid/sites/financialaid/files/lcms/docs/UploadingDocuments.pdf
Mail or Fax:
Student Financial Aid Services
NJIT - Student Mall, University Heights
Newark, NJ 07102 Fax: 973-596-2460

Appeal for Income Reduction
2018–2019

Student's Name: _____ **NJIT ID:** _____ **NJIT E-mail:** _____

New Jersey Institute of Technology recognizes that special circumstances may arise during the **2017 or 2018** calendar year, which can affect your ability to contribute towards your education. This request form is designed to help you document this information so that the Student Financial Aid Services can make adjustments to your FAFSA that will help accurately reflect your current financial situation. Financial aid office reserves the right to request additional documents as necessary. Financial aid administrator's decision is final and cannot be appealed.

This appeal is for (please check): [ ] Student [ ] Spouse [ ] Parent(s) of a Dependent Student

Change in financial circumstance is during (please check): [ ] 2017 [ ] 2018

Please complete the section that applies to your special circumstance **ONLY** for the **2017 or 2018** calendar year**. If your circumstance is not on this form, please contact us. Please submit legible copies of all required documents to facilitate the processing of this request. Student/Spouse (Independent Student) and Parent (of a Dependent Student) must submit a signed and dated statement explaining the extenuating circumstance in detail.**

[ ] A. UNEMPLOYMENT

1. Name of unemployed person _____
2. Relationship to student _____
3. Date of unemployment _____
4. Earnings in 2017 or 2018 prior to unemployment $_____
5. Date unemployment benefits began _____
6. Date unemployment benefits ended _____
7. Weekly gross & net unemployment benefits $ _____
8. Is the person receiving severance pay? [ ] Yes [ ] No
9. Total severance amount $ _____
10. Date severance pay began _____
11. Date severance pay will terminate _____
12. Has the person returned to work? [ ] Yes [ ] No
    If yes, enter date _____
13. If yes, enter gross weekly salary _____

[ ] B. DISABILITY

1. Name of disabled person _____
2. Relationship to student _____
3. Date of disability _____
4. Earnings in 2017 or 2018 prior to disability_____
5. Date worker's compensation or other disability benefits began _____
6. Weekly amount of worker's compensation or other disability benefits $ _____
7. These amounts are _____taxable _____untaxed
8. Is the disability permanent? [ ] Yes [ ] No

*If yes, indicate the monthly gross amount of your family's Social Security benefits $ _____
Date Social Security benefits began _____
*If no, provide the anticipated date of return to work _____
Estimated weekly gross salary to be earned _____

[ ] C. RETIREMENT

1. Name of retired person _____
2. Relationship to student _____
3. Date of retirement _____
4. Earnings in 2017 or 2018 prior to retirement $_____
5. Date pension began _____
6. Monthly amount of pension $ _____
   This pension is _____taxable _____untaxed
7. Date social security benefits began _____
   (Or will begin)
8. Monthly amount of family's gross Social Security benefits $ _____

[ ] D. DEATH OF PARENT OR SPOUSE

1. Name of deceased person _____
2. Relationship to student _____
3. Date of death _____
4. Earnings in 2017 or 2018 prior to death $ _____
5. Life insurance received or to be received $_____
6. Date Social Security benefits began _____
   (Or will begin)
7. Monthly amount of family's gross Social Security benefits $ _____

Student Name: _____ **NJIT ID:** _____

[ ] E. DIVORCE/SEPARATION	[ ] F. LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS
Adjustments may be made if the applicant or the student's parents have divorced or separated after filing the 2018-2019 Free Application for Federal Student Aid (FAFSA).	Adjustments may be made if the applicant, the applicant's spouse or parent, received untaxed income or unemployment benefits in 2016 but has now lost this income.
1. Student [ ] Parent [ ] 2. Date of Separation _____ or Divorce _____ 3. Date alimony payments began _____ 4. Weekly amount of alimony $ _____ 5. Date child support began _____ 6. Weekly amount of child support received for **all** children $ _____	1. Student [ ] Spouse [ ] Parent [ ] 2. Name of person who lost benefits _____ 3. Type of benefit lost _____ 4. Effective date _____ 5. Reason benefits were terminated _____ 6. Total amount received in 2017 $_____ 7. Total amount to be received in 2018 $_____
[ ] G. LOSS OF FULL-TIME WORK	**[ ] H. UNREIMBURSED & PAID MEDICAL/DENTAL EXPENSES**
The student/spouse or parent worked full time in 2016, but is no longer working full time.	Unreimbursed and Paid Medical/Dental Expenses which occurred in 2016 or 2017 and were claimed on Schedule A of the 2016 or 2017 tax return.
1. Student [ ] Spouse [ ] Parent [ ] Currently (check one) Working Part-time ____ Unemployed ____ 2. Date of change in employment status _____ 3. Reason of change in employment status _____ 4. If working part-time now, how many hours/week did you work before? _____ 5. Answer all questions in section "A" about the student/parent.	1. Person(s) incurring the medical/dental bills _____ 2. Relationship to Student _____ 3. Bills incurred for (patient name) _____ 4. Relationship to Student _____ 5. When did the medical/dental bills occur? [ ] 2016 [ ] 2017 6. Were these expenses claimed on Schedule A of 2016 or 2017 Tax Return? [ ] Yes [ ] No 7. Has insurance company paid these expenses? [ ] Yes [ ] No 8. Has insurance company denied these expenses? [ ] Yes [ ] No

2018 Income Information

If the change in financial circumstance is during 2018, we may request you to provide a signed and dated statement, listing taxed and untaxed income (received and expected) for 2018. We may also request supporting documentation to confirm 2018 income. We will notify you once your appeal is reviewed if we need you to submit this statement.

Statement

Student/Spouse (Independent Student) and Parent (of a Dependent Student) must submit a signed and dated statement explaining the extenuating circumstance in detail. Please address when the circumstance arose, who was impacted by this and the relationship of this person with the student. If there has been an update to the circumstance please address that as well. For example, an individual was unemployed and has now returned to work. Kindly note that incomplete statement about your circumstances will delay the processing of your appeal.

Verification

If the student's FAFSA is selected for federal verification, that process must be completed before this appeal can be considered. Please check your emails and pipeline www.mynjit.edu regularly and submit requested documents.

Processing Time

Please allow 4-6 weeks for processing after all the documents have been received. We recommend that you make payment arrangements based on your original award package to avoid late fees.

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is true, complete and correct. I (we) agree to provide any other documentation requested by NJIT for the review of this request. I (we) authorize NJIT to release the reported/revised information to update State of New Jersey and Federal financial aid records. If the student is a dependent, at least one parent whose information is reported on the FAFSA must sign. If the spouse of a student is appealing an extenuating circumstance then he/she must sign along with the student. **Warning:** If you purposely give false or misleading information, you may be fined, sent to prison, or both. ***Computer generated signatures are not acceptable.***

_____ _____

Student Signature Date Parent #1 Signature (Required for Dependent Student) Date

_____ _____

Spouse Signature Date Parent # 2 Signature (Required for Dependent Student) Date

Required Documentation

Please provide legible copies of all documents. NJIT reserves the right to request any additional documentation as necessary. Incomplete submissions will delay the processing.

A. UNEMPLOYMENT	B. DISABILITY
• Signed and dated statement explaining the circumstance and whether the unemployed person has returned to work. • Household Members & Number in College Form. • 2016 & 2017 IRS Tax Return Transcripts, all schedules, W-2s and 1099s (and 2018 tax return transcripts, W-2s and 1099s after 02/15/19). • Last pay stub for 2017 or 2018 showing year to date earnings. • Most recent pay stub for current employer, if applicable. • Unemployment benefits determination letter that shows weekly amount of gross and net unemployment benefits **OR** denial of unemployment benefits with explanation. • Termination letter on company's letterhead. • Documentation of severance pay. • Documentation of any other received or expected taxed/untaxed income for 2017 and/or 2018.	• Signed and dated statement explaining the circumstance, type/date of disability and whether the disabled person has returned to work. • Household Members & Number in College Form. • 2016 & 2017 IRS Tax Return Transcripts, all schedules, W-2s and 1099s (and 2018 tax return transcripts, W-2s and 1099s after 02/15/19). • Letter from the employer (on company letterhead) stating the last date of employment. • Last pay stub for 2017 or 2018 showing year to date earnings. • Copy of disability/worker's compensation benefits documents showing date of claim and amount of benefits. • Social Security documentation indicating start date and monthly benefit amount. • Documentation of any other received or expected taxed/untaxed income for 2017 and/or 2018.
C. RETIREMENT	**D. DEATH OF PARENT OR SPOUSE**
• Signed and dated statement explaining the circumstance. • Household Members & Number in College Form. • 2016 & 2017 IRS Tax Return Transcripts, all schedules, W-2s and 1099s (and 2018 tax return transcripts, W-2s and 1099s after 02/15/19). • Last pay stub for 2017 or 2018 showing year to date earnings. • Pension documentation indicating start date and monthly benefit amount. • Social Security documentation indicating start date and monthly benefit amount. • Documentation of any other received or expected taxed/untaxed income for 2017 and/or 2018.	• Signed and dated statement explaining the circumstance. • Household Members & Number in College Form. • 2016 & 2017 IRS Tax Return Transcripts, all schedules, W-2s and 1099s (and 2018 tax return transcripts, W-2s and 1099s after 02/15/19). • Last pay stub for 2017 or 2018 showing year to date earnings. • Death certificate. • Social Security documentation indicating start date and monthly benefit amount. • Documentation of any other received or expected taxed/untaxed income for 2017 and/or 2018 (e.g. life insurance).
E. DIVORCE/SEPARATION	**F. LOSS OF UNTAXED INCOME OR UNEMPLOYMENT BENEFITS**
• Signed and dated statement explaining the circumstance from both parties. Must also list the addresses where each resides. • Household Members & Number in College Form. • 2016 & 2017 IRS Tax Return Transcripts, all schedules, W-2s and 1099s (and 2018 tax return transcripts, W-2s and 1099s after 02/15/19). • If Divorced: Divorce decree • If Separated: Copy of separation agreement if available and • Proof of separate residences (utility bill; gas, water, electric, driver's license, official lease, etc.). **Cell phone bills and bank statements are not acceptable.** • Proof of monthly amount of child support and alimony received. • Documentation of any other received or expected taxed/untaxed income for 2017 and/or 2018.	• Signed and dated statement explaining the circumstance, reason and date of termination and amount received in 2017 and/or 2018. • Household Members & Number in College Form. • 2016 & 2017 IRS Tax Return Transcripts, all schedules, W-2s and 1099s (and 2018 tax return transcripts, W-2s and 1099s after 02/15/19). • Benefits cancellation letter from an agency or court indicating date of termination and reason. • Documentation showing total amounts of benefits received for the current year • Documentation showing total amounts of benefits received in the prior year • Documentation of any other received or expected taxed/untaxed income for 2017 and/or 2018.
G. LOSS OF FULL-TIME WORK	**H. UNREIMBURSED & PAID MEDICAL/DENTAL EXPENSES**
• Signed and dated statement explaining the circumstance and whether the person has returned to full-time work. • Household Members & Number in College Form. • 2016 & 2017 IRS Tax Return Transcripts, all schedules, W-2s and 1099s (and 2018 tax return transcripts, W-2s and 1099s after 02/15/19). • Last pay stub showing year to date earnings • Unemployment benefits determination letter that shows weekly amount of gross and net unemployment benefits OR denial of unemployment benefits with explanation. • Letter on company's letterhead indicating loss of full-time work. • Documentation of any other received or expected taxed/untaxed income for 2017 and/or 2018.	• Signed and dated statement explaining the circumstance. This must include a detailed breakdown of all unreimbursed & paid medical/dental expenses, date of occurrence and amounts covered by insurance. Who incurred expenses and for whom? • Household Members & Number in College Form. • 2016 & 2017 IRS Tax Return Transcripts, all schedules, W-2s and 1099s (and 2018 tax return transcripts, W-2s and 1099s after 02/15/19). • Schedule A (from 2016 and/or 2017 Federal Tax Return). • Explanation of Benefits Statements from insurance for each expense. • Crossed checks (front & back) showing the payments of medical/dental bills by the family.