



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 2026-2027 Free Application for Federal Student Aid (FAFSA) and receive a financial aid notification before submitting this form.

**DEPENDENT
REQUEST FOR REVIEW - UNUSUAL CIRCUMSTANCES
2026-2027 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 2024 or 2025 which will impact your family's ability to contribute toward your educational expenses. If your circumstances changed in 2025, we will consider those after 6/1/26.

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

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.

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

Once all documents are received, processing takes 8-10 weeks.
Please monitor for changes in web self-service.

**DEPENDENT REQUEST FOR REVIEW APPLICATION
UNUSUAL CIRCUMSTANCES
2026-2027 ACADEMIC YEAR**

Name: _____ ID#: _____

Complete Mailing Address: _____

Telephone #: _____ Email Address: _____

A. Reduction of Income:

Please check the reason(s) that best describes your current situation. Indicate who suffered the change and the date that this change occurred. *Leaving this information blank may delay the processing of your request.*

☐

Loss of Employment or Wages:

____ Student

____ Father

____ Mother

☐

Last Date of employment: _____ Date expected to return to work: _____

Loss of Unemployment Compensation or Untaxed Income or Benefits:

____ Student

____ Father

____ Mother

Which type of benefits have ended: _____ Date: _____

☐

Separation or Divorce of Wage Earner(s):

Your parents have separated or divorced since filing a joint tax return and/or since the FAFSA was filed. Date: _____

☐

Death or Disability of Wage Earner:

____ Student

____ Father

____ Mother

Date: _____

If disability, please identify the condition: _____

B. Unusual Expenses:

☐

Unusual Medical/Dental Expenses claimed on Schedule A of the 2024 or 2025 tax return.

C. Rollover of IRA or Pension funds:

☐

A rollover of IRA or pension funds for the 2024 tax year is inflating the income reported.

Please provide any additional information to support your petition:

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Required Documents for Request for Review:

You must submit a signed home copy (not IRS Transcript) of the student and parent's *2024 - 2025 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 2024 and 2025 W-2's

2026-2027 Dependent Student Verification Worksheet available at
https://ssba.ramapo.edu:8443/myssb/twbkwbis.P_GenMenu?name=bmenu.P_FAFormsMnu

In addition to the 2024 and 2025 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 2024 or 2025 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 2026-27 year is 5/1/26
NJ Grant deadlines are earlier each term.