
DISABILITY – PERMANENT OR LONG-TERM

IMPORTANT: Only submit this form if you meet the Special Circumstance listed above. You will need to submit all of the documentation listed under the Required Documentation box (next page) in order for TCNJ to process your request.

A. Student's Information

Student's Last Name	Student's First Name	Student's M.I.	PAWS ID
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B. Instructions:

Before petitioning for a Special Circumstance, a completed 2020-2021 Free Application for Federal Student Aid (FAFSA) must be on file with the Financial Aid Office at TCNJ.

Incoming students will not be evaluated for a Special Circumstance until their deposit has been paid.

Returning students can begin to submit their information February 1st of the year for which they will be applying for aid.

In addition to submitting the information for the chosen Special Circumstance category, TCNJ must verify the data you provided on your FAFSA. Therefore, all students are required to submit the following documents:

- If the student, spouse (if applicable), or parent filed a 2018 Federal Tax Return, attach a copy of the 2018 **IRS Tax Return Transcripts or a signed "home copy" of your tax return** along with all W-2 Form(s). Please copy and paste the following link on your browser for instructions on how to request a Transcript, if needed:
 - <https://www.irs.gov/individuals/get-transcript>
- Dependent students must complete a Dependent Verification Form. Independent students must complete an Independent Verification Form. These forms are located on our website. Please copy and paste the following link on your browser to access the forms:
 - <https://financialaid.tcnj.edu/forms/verification-forms/>
- A personal statement from the student/parent detailing the circumstance. Please be specific.

You must submit this form ALONG WITH all the required documentation. Incomplete submissions will not be evaluated. Please call us at (609) 771-2211 with any questions.

Student's name: _____ PAWS ID: _____

C. Special Circumstance Certification:

Select the calendar year in which the Special Circumstance occurred: 2018: ____ 2019: ____ 2020: ____

Review and complete the information below.

Circumstance	Reason	Required Documentation
Disability – permanent or Long-term (6 months or greater)	Student, parent or student's spouse (if independent) suffered total and permanent disability after 2018	<ul style="list-style-type: none"> Physician signed letter regarding disability length Last pay stub with year-to-date earnings Monthly disability statement from the SSA and/or private insurance company
<p>In addition to the required documentation, please complete the following information:</p> <p>Name of disabled person: _____</p> <p>Date of disability: _____</p> <p>Date workmen's compensation or other disability benefits began: _____</p> <p>Weekly amount of workmen's comp. or other disability benefits: \$ _____ are they TAXED ____ or UNTAXED ____ (check applicable)</p> <p>Amount earned in 2020 prior to the disability (if applicable): \$ _____</p> <p>Is the disability permanent: YES _____ NO _____</p> <p style="padding-left: 20px;">If YES indicate monthly amount of disability/SS benefits: \$ _____</p> <p style="padding-left: 20px;">What date did the benefit begin: _____</p> <p style="padding-left: 20px;">If NO give anticipated work return date: _____ and Gross monthly salary: \$ _____</p>		

D. Certification and Signature

By signing this worksheet I certify that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may face TCNJ disciplinary action, be fined and sentenced to jail.

Student's Signature

Date

STOP! You must submit this form ALONG WITH all of the required documentation. Incomplete submissions will not be evaluated. Information can be submitted via e-mail, fax or USPS mail. We suggest you put your name and PAWS ID on all submitted documents.

Email: osfa@tcnj.edu

Fax: (609) 637-5154

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