

**UNIVERSITY OF NEW MEXICO  
STUDENT FINANCIAL AID OFFICE  
2014–2015 INDEPENDENT STUDENT’S SPECIAL CIRCUMSTANCES APPLICATION**

In accordance with federal regulations, your and your spouse’s 2013 income is used to determine your eligibility for financial aid for the 2014–2015 academic year. However, there are special circumstances under which we may be able to recalculate your eligibility for financial aid using your and/or your spouse’s 2014 income or adjusted 2013 income. The special circumstances which we may consider include:

- As of today, are you or your spouse unemployed?
- As of today, are you or your spouse a dislocated worker?
- 2014 income will be lower than 2013 income
- Unusual debts
- Unusually high medical/dental expenses (in excess of 11% of total income)
- Tuition/fees for private **elementary/secondary** education for your dependent(s)
- Adult care expenses

If you or your spouse meets at least one of the circumstances listed above, complete the sections of this form which pertain to you including the “**Summary of Special Circumstances**” and “**Certification**” sections on page 3.

**PLEASE NOTE** that all requests for **reduction or loss of income\*** must be submitted by **November 1, 2014**. We will require a **signed** copy of your family’s 2014 federal income tax return and 2014 W-2 form(s) for any income adjustment requests submitted after **November 1**.

<b>Student’s Printed Name</b>	<b>UNM ID Number</b>
<b>Telephone Number</b>	<b>E-mail Address</b>

**CHECK THE CIRCUMSTANCE THAT APPLIES TO YOUR SITUATION**

**UNEMPLOYED**

**Circumstance**

Unemployed/ Dislocated Worker	You or your spouse is receiving unemployment benefits due to being laid off or losing a job, and is receiving unemployment benefits. <b>Provide</b> a letter from the state unemployment agency within 90 days from the date of issuance of the letter or other evidence that you or your spouse is receiving unemployment benefits.
-------------------------------------	--

**REDUCTION OF INCOME \***

**Complete the Income Worksheet on page 3 of this form.**

**Circumstance**

Loss of Income	You or your spouse are currently employed, but have less income for 2014 compared to 2013. <b>Provide documentation</b> of 2014 income to date and documentation of lay-off, termination, or reduced hours.
----------------	---

**Circumstance**

Alimony Ended	<b>Provide court documentation</b> indicating date of termination and the amount received.
---------------	--

**Circumstance**

Unemployment Ended	<b>Provide documentation</b> from the Dept. of Labor indicating the beginning and ending dates of this benefit, and the amount received.
-----------------------	--

**Circumstance**

Child Support Ended	<b>Provide court documentation</b> indicating date of termination and amount received.
------------------------	--

**Circumstance**

Other Income Ended	Specify other circumstance and <b>provide appropriate documentation.</b> _____
--------------------	---

**DIVORCE/SEPARATION/DEATH**

**Circumstance**

Divorce or Separation	Since applying for financial aid, you have become divorced or separated. <b>Provide legal documentation</b> of the date of the divorce or separation, copy(ies) of your 2013 W-2 form(s), and a <u>signed</u> copy of your 2013 federal income tax return.
-----------------------	--

**Circumstance**

Death of a Spouse	Since applying for financial aid, your spouse is no longer living. <b>Provide documentation</b> of the date of death, copy(ies) of spouse's 2013 W-2 form(s), and a <u>signed</u> copy of spouse's 2013 federal income tax return.
-------------------	--

**ONE-TIME INCOME \***

**Circumstance**

One-Time Source of Income	In 2013, you or your spouse received a one-time source of income such as: inheritance, moving expense allowance, back-year social security payments, IRA distribution, etc. <b>Provide a signed</b> copy of your 2013 federal income tax return verifying the source of income, documentation from the Social Security Administration of back-year payments, etc. <b>Other documentation</b> may be requested by your Financial Aid Officer. <b>NOTE: WINNINGS FROM GAMBLING ARE NOT CONSIDERED A SPECIAL CIRCUMSTANCE.</b> _____ List the one-time source of income
---------------------------	---

**UNUSUALLY HIGH MEDICAL/DENTAL EXPENSES**

**Circumstance**

<p>Medical/dental expenses up to 11% of the family's total income are already taken into account by the federal needs analysis formula when determining financial aid eligibility. Therefore, <b>only the portion of expenses which exceeds 11% of total income will be considered an unusual circumstance.</b></p> <p>If you itemized medical/dental expenses in 2013, <b>provide</b> a signed copy of your 2013 federal income tax return, with Schedule A. If medical/dental expenses were not itemized in 2013, <b>provide receipts</b> of medical and dental expenses <b>paid</b> by you (not covered by insurance) in 2013.</p> <p>You may only claim medical/dental expenses for yourself, your spouse, and your dependents who were included on your Free Application for Federal Student Aid (FAFSA). List below the family member for whom medical/dental expenses were incurred in 2013.</p> <p>Name: _____ Relationship to student: _____.</p>
--

**ELEMENTARY/SECONDARY EDUCATION AND ADULT CARE EXPENSES**

**Circumstance**

<p><b>Provide documentation</b> for each family member you included in your family size on your Free Application for Federal Student Aid (FAFSA) for whom you paid tuition/fees for private elementary or secondary education, or adult care expenses.</p> <p>Name: _____ Relationship to student: _____.</p> <p><b>Documentation required:</b> <u>Signed</u> copy of your 2013 federal income tax return (to verify dependents) and receipts for tuition or adult care payments made in <b>calendar year</b> 2013.</p>
---

**UNUSUAL DEBTS**

**Circumstance**

Unusual debts (legal fees for divorce, adoption, education loans) for which you or your spouse are currently making payments. **Provide** receipts or a payment summary from the person, company, or agency to whom or which money is owed. Documentation must include the following, and must have been incurred by student or parents:

- Type or cause of debt
- Owed by whom                      Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_.
- Balance owed on debt
- Monthly payment amount
- Date incurred
- Date payments began and date payments end

**DOES NOT INCLUDE CREDIT CARD DEBT.**

**2014 INCOME WORKSHEET**

**You must provide documentation of ALL sources of income received as of the date this form is completed.**

2014 Income earned from work by student	\$
2014 Income earned from work by spouse	\$
2014 Other taxable income: list type(s) _____ Include: dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.	\$
2014 Social Security benefits	\$
2014 Temporary Assistance for Needy Families (TANF)	\$
2014 Child support	\$
2014 Other untaxed income: list type(s) _____ Include: earned income credit, untaxed social security benefits, supplemental security income, etc.	\$
<b>Total 2014 income</b>	<b>\$</b>

**SUMMARY OF SPECIAL CIRCUMSTANCES**

**Please summarize your special circumstances (attach a separate sheet of paper if necessary):**


**CERTIFICATION**

I (We) certify that the information provided on this form, and the accompanying documentation, is true and complete to the best of my (our) knowledge. I (We) agree to provide proof of the information that I (we) have given on this form if requested by the Office of Student Financial Aid.

<b>Student's Signature</b>	<b>Date Signed</b>
<b>Spouse's Signature</b>	<b>Date Signed</b>

The University of New Mexico is an Equal Opportunity/Affirmative Action institution. Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Office of Student Financial Aid for assistance.