

2016-2017 Special Circumstance Petition - Dependent

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

Student Email: _____ **Student Ph#:** _____

Deadlines: **November 2, 2016** – For any appeals related to reduction or loss of income
 We will require a signed copy of your family’s 2016 federal income tax return and 2016 W-2 form(s) for any income adjustment requests **submitted after November 2.**

Qualifying Circumstance for you or your parent/s:

<input type="checkbox"/> Unemployed/Dislocated Worker (student or parent(s)).	<input type="checkbox"/> One time income (inheritance, moving expense allowance, back-year social security payments, IRA distribution)
<input type="checkbox"/> Parent enrolled in Post-secondary Institution	<input type="checkbox"/> Unusually high medical/dental expenses
<input type="checkbox"/> Reduction of Income	<input type="checkbox"/> Elementary/Secondary education or Adult Care Expenses
<input type="checkbox"/> Unusual debt ((legal fees for divorce, adoption, education loans)	<input type="checkbox"/> Death of parent after application.
<input type="checkbox"/> Legal separation, divorce after application.	

Special consideration may be available if your parents’ current financial situation is not accurately reflected by the 2015 tax information. You must submit a signed **detailed** letter explaining the situation and required documentation as outlined below. All documents must be completed before the Special Circumstance petition can be reviewed. Please be aware that submitting an appeal does not guarantee an adjustment will be made nor is the document list below final.

Section A: *Check all circumstances you would like to be considered and submit required documentation.*

Criteria for Consideration:	You must Provide:
<input type="checkbox"/> Unemployed/Dislocated Worker <input checked="" type="checkbox"/> Must have occurred after application date for FAFSA Date Unemployment occurred: ___/___/___ Date began new job, if applicable: ___/___/___ Relationship to Student: _____ <input checked="" type="checkbox"/> Dislocated worker definition: has been laid off or received a lay-off notice from a job; was self-employed but is now unemployed due to economic conditions or natural disaster; or is a displaced homemaker. (e.g., a stay-at-home mom or dad, no longer supported by spouse), is unemployed or underemployed, and is having trouble finding or upgrading employment.	<input type="checkbox"/> Documentation of unemployment benefits; and <input type="checkbox"/> Letter of Termination from previous employer(s), and; <input type="checkbox"/> Copies of last 3 pay stubs (including final pay stub) and; <input type="checkbox"/> Documentation of any other YTD income earned/received for 2016 for parent/s and/or student and; <input type="checkbox"/> Copies of student and parents’ 2015 W-2 form(s) and; <input type="checkbox"/> Signed copy of student and parents’ 2015 federal income tax returns and; <input type="checkbox"/> Copies of 3 most recent pay stub from new job(s)and; <input type="checkbox"/> Detailed Statement that outlines future employment.
<input type="checkbox"/> Reduction of Income <input checked="" type="checkbox"/> Date reduction of income began: ___/___/___ Type of income: _____ <input checked="" type="checkbox"/> Reduction of income is defined as a student or parent who is currently employed, but have less income for 2016 compared to 2015. Examples include: loss of wages due to reduced hours, alimony, unemployment, child support, or other income ended)	<input type="checkbox"/> Copies of 3 most current pay stubs and; <input type="checkbox"/> Any other YTD income earned/received for 2016 for parent/s and/or student and; <input type="checkbox"/> Copies of student and parents’ 2015 W-2 form(s) and; <input type="checkbox"/> Signed copy of student and parents’ 2015 federal income tax returns and; <input type="checkbox"/> Proof of reduced income or income type ending and; <input type="checkbox"/> Statement detailing situation
<input type="checkbox"/> Legal Separation or Divorce of Parents <input checked="" type="checkbox"/> Must have occurred after application date for FAFSA Date of Legal Separation or Divorce: ___/___/___ <input checked="" type="checkbox"/> Will child support be received by custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal documentation of divorce or separation and; <input type="checkbox"/> Copies of parents’ 2015 W-2 form(s) and <input type="checkbox"/> A signed copy of parents’ 2015 federal income tax returns <input type="checkbox"/> Statement detailing situation

If yes, date payments will begin ___/___/___ Amount: \$ _____	
Criteria for Consideration:	You must Provide:
<input type="checkbox"/> One-time Source of Income <input checked="" type="checkbox"/> Source of one-time income payment Date one-time payment was received: ___/___/___ <input checked="" type="checkbox"/> Future payments from source: \$ _____ Beginning balance of account, if applicable: \$ _____ Remaining balance on account, if any \$ _____ <input checked="" type="checkbox"/> Examples of one-time source of income: inheritance, moving expense allowance, back-year social security payments, IRA distribution income, or other type of one-time income. <input checked="" type="checkbox"/> One-time gambling income cannot be considered	<input type="checkbox"/> Copies of student and parents' 2015 W-2 form(s) and; <input type="checkbox"/> Signed copy of student and parents' 2015 federal income tax returns and; <input type="checkbox"/> Proof of income source and beginning and ending balances on account and, <input type="checkbox"/> Documentation of inheritance, moving expense allowance, back-year social security payments, IRA distribution income, or other type of one-time income and, <input type="checkbox"/> Statement detailing income source and what one-time income was used for and any remaining balances
<input type="checkbox"/> Other unusual debt <input checked="" type="checkbox"/> Type/cause of debt _____ Date debt incurred: ___/___/___ Name of debtor: _____ Relationship to student: _____ Balance owed on debt: \$ _____ Monthly payment: \$ _____ Begin and end dates of debt payments: ___/___/___ to ___/___/___ <input checked="" type="checkbox"/> Examples of unusual debt: legal fees for divorce, adoption, education loans (cannot consider credit card debt)	<input type="checkbox"/> Receipts or a payment summary from the person, company, or agency to whom debt is owed and; <input type="checkbox"/> Documentation of beginning/end dates of payments, current balance on debt and future payments and; <input type="checkbox"/> Copies of student and parents' 2015 W-2 form(s) and; <input type="checkbox"/> Signed copy of student and parents' 2015 federal income tax returns <input type="checkbox"/> Detailed Statement
<input type="checkbox"/> Death of Parent <input checked="" type="checkbox"/> Must have occurred after application date for FAFSA <input checked="" type="checkbox"/> Name of Deceased: _____ Date of Death: ___/___/___ Relationships to student _____	<input type="checkbox"/> Copy of Obituary or Certificate of Death <input type="checkbox"/> Copies of parents' 2015 W-2 form(s) <input type="checkbox"/> Signed copy of parents' 2015 federal income tax returns <input type="checkbox"/> Detailed statement
<input type="checkbox"/> Elementary/Secondary education or Adult Care Expenses <input checked="" type="checkbox"/> Expenses must have occurred in calendar year 2016 Name _____ Relationship: _____ <input checked="" type="checkbox"/> Expenses must be for dependents included in your family size on your (FAFSA) for whom your parents paid tuition/fees for private elementary or secondary education, or adult care expenses.	<input type="checkbox"/> Paid receipts for each family member for whom your parents paid tuition/fees for private elementary or secondary education, or adult care expenses and; <input type="checkbox"/> Signed copy of parents' 2015 federal income tax returns to verify dependents on taxes and; <input type="checkbox"/> Detailed Statement
<input type="checkbox"/> Parent enrolled in Post-secondary Institution <input checked="" type="checkbox"/> Parent must be enrolled ½ time for the 2016/2017 school year <input checked="" type="checkbox"/> Parent must be the parent included on the 2016/2017 FAFSA Name of Parent: _____ SSN _____ Name of Institution: _____ Enrollment Dates: ___/___/___ to ___/___/___ <input checked="" type="checkbox"/> If your parent's expenses are being paid for by any source other than themselves, you are not eligible to complete this section.	<input type="checkbox"/> Copy of your parent's registration for the 2016-2017 and; <input type="checkbox"/> Documentation of required tuition/fees and/or books/supplies' costs and; <input type="checkbox"/> Detailed statement from parent and; <input type="checkbox"/> Financial Aid Award Letter from Parent's institution or; <input type="checkbox"/> Certification from the Financial Aid Office at your parent's institution that financial aid was not received for 2016/2017.
<input type="checkbox"/> Unusually high medical/dental expenses <input checked="" type="checkbox"/> Only the portion of expenses which exceeds 11% of total income will be considered as an unusual circumstance <input checked="" type="checkbox"/> You may only claim medical/dental expenses for yourself, your parents, or their dependents included in your household number on your (FAFSA). <input checked="" type="checkbox"/> Medical/dental expenses were incurred in 2015 by: Name _____ Relationship: _____ Name _____ Relationship: _____	<input type="checkbox"/> Signed copy of parents' 2015 federal income taxes and; <input type="checkbox"/> Detailed Statement and; <input type="checkbox"/> Itemized medical/dental expenses in 2015 federal income tax return - Schedule A or; <input type="checkbox"/> If medical/dental expenses were not itemized in 2015 taxes, provide receipts of medical and dental expenses paid by your parents (not covered by insurance) in 2015

Documentation required for ALL appeals:

<input type="checkbox"/> Signed letter detailing circumstance	<input type="checkbox"/> 2015 Taxes and W2's for Parent and Student
<input type="checkbox"/> Completed petition form, including Section B of form	

Section B: Income

Complete both of the sections (Taxed and Untaxed) below with income (prior to exemptions, adjustments, or deductions) your family expects to receive **from January 1, 2016 to December 31, 2016**. IF NONE, ENTER ZEROS.

TOTAL 2016 GROSS TAXED INCOME	Student Income	Parent 1- Income	Parent 2- Income
1. Wages, salaries, tips	\$ _____	\$ _____	\$ _____
2. Severance pay	\$ _____	\$ _____	\$ _____
3. Pensions and annuities	\$ _____	\$ _____	\$ _____
4. Interest and dividend income	\$ _____	\$ _____	\$ _____
5. Business or farm income	\$ _____	\$ _____	\$ _____
6. Capital gains	\$ _____	\$ _____	\$ _____
7. Income received from rents (after expenses paid for mortgage interest, taxes, and insurance)	\$ _____	\$ _____	\$ _____
8. Alimony which will be received	\$ _____	\$ _____	\$ _____
9. Unemployment Compensation (State and/or SUB)	\$ _____	\$ _____	\$ _____
10. Taxable Social Security benefits	\$ _____	\$ _____	\$ _____
12. Any other taxed income _____	\$ _____	\$ _____	\$ _____
<i>Include: dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.</i>			
Total 2016 Gross Taxed Income	\$ _____	\$ _____	\$ _____
TOTAL 2016 UNTAXED INCOME	Student Income	Parent 1- Income	Parent 2- Income
1. Untaxed portion of pensions	\$ _____	\$ _____	\$ _____
2. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portion of 401(k) and 403(b) plans (from Box 12 on W-2s).	\$ _____	\$ _____	\$ _____
3. Child support which will be received for ALL children	\$ _____	\$ _____	\$ _____
4. Cash support or money paid on student's behalf from Parent and noncustodial parent	\$ _____	\$ _____	\$ _____
5. Temporary Assistance for Needy Families (TANF)	\$ _____	\$ _____	\$ _____
6. Retirement or disability benefits	\$ _____	\$ _____	\$ _____
7. Railroad Retirement benefits	\$ _____	\$ _____	\$ _____
8. Workers' Compensation	\$ _____	\$ _____	\$ _____
9. Living and housing allowances (excluding rent subsidies for low income housing) for clergy, military and others	\$ _____	\$ _____	\$ _____
10. Any other untaxed income and benefits _____	\$ _____	\$ _____	\$ _____
<i>Include: earned income tax credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, combat pay, etc.</i>			
Total 2016 Untaxed Income	\$ _____	\$ _____	\$ _____

<p>Will parent pay child support during 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, number of months _____ Monthly Payment \$ _____ Total \$ _____</p>
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Section C: Signature

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 Financial Aid Office.

_____	_____	_____	_____
Student's Signature	Date	Parent's Signature	Date

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