

UNIVERSITY OF NEW MEXICO  
OFFICE OF STUDENT FINANCIAL AID  
2007/2008 SPECIAL CIRCUMSTANCES APPLICATION  
DEPENDENT STUDENTS

In accordance with federal regulations, your and your parents' 2006 income is used to determine your eligibility for financial aid for the 2007/2008 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 parents' 2007 income or adjusted 2006 income. The special circumstances which we may consider include:

- ◆ 2007 income will be lower than 2006 income \*
- ◆ Unusual debts
- ◆ Unusually high medical/dental expenses (in excess of 11% of total income)
- ◆ Tuition/fees for private **elementary/secondary** education for your parents' dependent(s)
- ◆ Adult care expenses
- ◆ Parent(s) enrolled at least half-time in a degree, certificate, or other program leading to a recognized educational credential at a Title IV-eligible institution.

If you or your parent(s) meet at least one of the circumstances listed above, complete the sections of this form which pertain to you, and **make an appointment** to submit it to your Financial Aid Officer with all required documentation.

**\*FOR THIS CIRCUMSTANCE, WE CANNOT PROCESS A SPECIAL CIRCUMSTANCES FORM UNTIL YOU AND/OR YOUR PARENTS FILE YOUR/THEIR 2007 FEDERAL INCOME TAX RETURN. YOU/THEY MUST SUBMIT A SIGNED COPY OF YOUR/THEIR 2007 FEDERAL INCOME TAX RETURN TO OUR OFFICE WITH THIS FORM.**

<b>Student's Name</b>	<b>UNM ID No.</b>
<b>Telephone No.</b>	<b>Email Address</b>

**LOSS OF INCOME FROM WORK**

Check the circumstance that applies to your situation, and complete the Income Worksheet on page 5 of this form. In addition, provide official documentation of 2007 earnings.

Circumstance	Documentation Required
Layoff	Provide an official letter from employer stating the effective date of the layoff and anticipated return to work.
Termination	Provide an official letter from employer stating the effective date of termination. If this is not available, provide documentation from the Department of Labor.
Disability	Attach medical documentation of the disability and the effective date.
Quit/reduced employment	Provide an official letter from employer stating the effective date of the change in employment.
Other	<hr style="border: 0.5px solid black;"/> Specify other circumstance and provide appropriate documentation.

**LOSS OF INCOME**

Check the circumstance that applies to your situation, and complete the Income Worksheet on page 5 of this form.

Circumstance	Documentation Required
Alimony	Provide court documentation indicating date of termination and the amount received.
Unemployment	Provide documentation from the Dept. of Labor indicating the beginning and ending dates of this benefit, and the amount received.
Child Support	Provide court documentation indicating date of termination and amount received.
Other	<hr/> Specify other circumstance and provide appropriate documentation.

**DIVORCE/SEPARATION/DEATH OF A PARENT**

Complete the Income Worksheet on page 5 of this form

Circumstance	Documentation Required
Divorce/Separation	Since applying for financial aid, your parents have become divorced or separated. Provide legal documentation of the date of the divorce or separation, copy(ies) of parents' 2006 W-2(s), and a signed copy of parents' 2006 federal income tax returns.
Death of a Parent	Since applying for financial aid, a parent is no longer living. Provide documentation of the date of death, copy(ies) of parents' 2006 W-2(s), and a signed copy of parents' 2006 federal income tax return.

**ONE-TIME INCOME**

Complete the Income Worksheet on page 5 of this form.

Circumstance	Documentation Required
One-time source of income	<p>In 2006, you or your parents received a one-time source of income such as: inheritance, moving expense allowance, back-year social security payments, IRA distribution, etc. Provide a signed copy of your or your parents' 2006 federal income tax return verifying the source of income, documentation from the Social Security Administration of back-year payments, etc. Other documentation may be requested by your Financial Aid Officer. <b>NOTE: WINNINGS FROM GAMBLING ARE NOT CONSIDERED A SPECIAL CIRCUMSTANCE.</b></p> <hr/> <p align="center">List the one-time source of income</p>

**UNUSUALLY HIGH MEDICAL/DENTAL EXPENSES**

- Note: 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, **only the portion of expenses which exceeds 11% will be considered an unusual circumstance.**

If your parents itemized medical/dental expenses in 2006, provide a signed copy of their 2006 federal income tax return, with Schedule A. If medical/dental expenses were not itemized in 2006, provide **receipts** of medical and dental expenses **paid** by your parents (not covered by insurance) in 2006.

You may only claim medical/dental expenses for yourself, your parents, or their dependents that are included on your application for financial aid. List below the family member for whom medical/dental expenses were incurred in 2006.

Name	Relationship

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

- Provide documentation for each family member you included in your family size on your application for financial aid for whom your parents paid tuition/fees for private elementary or secondary education, or adult care expenses.

Name	Relationship

Documentation required: Signed 2006 federal income tax return (to verify dependents) and receipts for tuition or adult care payments made in **calendar year** 2006.

**UNUSUAL DEBTS**

- Unusual debts (legal fees for divorce, adoption, education loans) for which you or your parents 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                      **DOES NOT INCLUDE CREDIT CARD DEBT**
  - Date incurred
  - Date payments began and date payments end

**PARENT(S) ENROLLED IN A POST-SECONDARY INSTITUTION**

One or both of your parents (**WHOM YOU INCLUDED ON THE FAFSA**) is enrolled at least half-time (6 hours undergraduate, 5 hours graduate) in a degree, certificate, or other program leading to a recognized educational credential at a Title IV-eligible institution during the 2007/2008 academic year.

<b>Parent's Name</b>	<b>Social Security Number</b>
<b>Name of Institution</b>	<b>Title IV School Code</b>
<b>Enrollment Date -- From</b>	<b>Enrollment Date -- To</b>

Documentation: Have the Financial Aid Office at the school your parent attends complete the section below. In addition, attach a copy of your parent's registration for the 2007/2008 academic year and documentation of **required** tuition/fees, books and supplies' costs. **If your parent's tuition/fees and/or books and supplies are being paid for by any source other than themselves, you are not eligible to complete this section of the Special Circumstances application.** If your parent receives assistance that pays for tuition/fees and/or books/supplies after you have submitted this Special Circumstances application, you must notify your Financial Aid Officer.

**To be completed by the Financial Aid Office at the school your parent attends (one for each parent):**

This is to certify that \_\_\_\_\_, Social Security No. \_\_\_\_\_, is receiving the following financial aid/assistance for attendance at \_\_\_\_\_

(Name of Institution)

Has the student listed above applied for financial aid at your institution?     Yes     No

<b>Cost of Attendance</b>	<b>\$</b>
<b>Gift Aid Eligibility</b>	-
<b>Third-Party Payments (DVR, JTPA, etc.)</b>	-
<b>Unmet Need</b>	<b>\$</b>

<b>Signature of School Official</b>	<b>Printed Name</b>
<b>Title</b>	<b>Date Signed</b>

Student: You must provide documentation to your Financial Aid Officer **each semester** of costs for tuition/fees and books/supplies for your parent(s).



**Important: If you will be attending a branch campus, please contact the Financial Aid Office at your campus to ensure compliance with their procedures.**

**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 Financial Aid Office.

**Warning: If you purposely give false or misleading information on this application, you may be fined, be sentenced to jail, or both.**

<b>Student's Signature</b>	<b>Mother's/Stepmother's Signature</b>
<b>Father's/Stepfather's Signature</b>	<b>Date</b>

**Important: You must make an appointment with your Financial Aid Officer to submit this application to the Financial Aid Office. You may make an appointment by calling 505/277-2041 or 1-800-CALL-UNM. You may email your Financial Aid Officer directly. Your Officer's name and email address are available on our web page at: [www.unm.edu/~finaid/staff/staff.html](http://www.unm.edu/~finaid/staff/staff.html).**

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.