

**UNIVERSITY OF NEW MEXICO
OFFICE OF STUDENT FINANCIAL AID
2009–2010 DEPENDENT STUDENTS' SPECIAL CIRCUMSTANCES APPLICATION**

In accordance with federal regulations, your and your parents' 2008 income is used to determine your eligibility for financial aid for the 2009–2010 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' 2009 income or adjusted 2008 income. The special circumstances which we may consider include:

- As of today, are you or one of your parents unemployed?
- As of today, are you or one of your parents a dislocated worker?
- ◆ 2009 income will be lower than 2008 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 submit it to Financial Aid Office at the campus you will attend.

Student's Name	UNM ID No.
Telephone No.	Email Address

Check the circumstance that applies to your situation.

STUDENT UNEMPLOYED

Circumstance

Student Unemployed/Dislocated Worker	You are receiving unemployment benefits due to being laid off or losing a job, and are receiving unemployment benefits. Provide a letter from the state unemployment agency within 90 days from the date of issuance of the letter or other evidence that you are receiving unemployment benefits.
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REDUCTION OF INCOME FROM WORK FOR STUDENT

Complete the Income Worksheet on page 3 of this form.

Circumstance

Loss of Income	You are currently employed, but have less income for 2009 compared to 2008. Provide documentation of 2009 income to date and documentation of lay-off, termination, or reduced hours.
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REDUCTION OF INCOME FROM WORK FOR PARENT

Complete the Income Worksheet on page 3 of this form.

Circumstance

Parent Unemployed/Dislocated Worker	In general, a parent may be considered a dislocated worker if he or she: · 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. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g., a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment. Provide documentation of your parent's 2009 income to date and documentation of lay-off, or termination.
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LOSS OF OTHER INCOME

- | | | |
|--------------------------|---------------------|---|
| <input type="checkbox"/> | Circumstance | Documentation Required |
| | Alimony Ended | Provide court documentation indicating date of termination and the amount received. |
| <input type="checkbox"/> | Circumstance | Documentation Required |
| | Unemployment Ended | Provide documentation from the Dept. of Labor indicating the beginning and ending dates of this benefit, and the amount received. |
| <input type="checkbox"/> | Circumstance | Documentation Required |
| | Child Support Ended | Provide court documentation indicating date of termination and amount received. |
| <input type="checkbox"/> | Circumstance | Documentation Required |
| | Other Income | Specify other circumstance and provide appropriate documentation.
_____ |

DIVORCE/SEPARATION/DEATH OF A PARENT

- | | | |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | Circumstance | Documentation Required |
| | Divorce or 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' 2008 W-2(s), and a signed copy of parents' 2008 federal income tax returns. |
| <input type="checkbox"/> | Circumstance | Documentation Required |
| | 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' 2008 W-2(s), and a signed copy of parents' 2008 federal income tax return. |

ONE-TIME INCOME

- | | | |
|--------------------------|---------------------------|--|
| <input type="checkbox"/> | Circumstance | Documentation Required |
| | One-time source of income | In 2008, 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' 2008 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. NOTE: WINNINGS FROM GAMBLING ARE NOT CONSIDERED A SPECIAL CIRCUMSTANCE.

List the one-time source of income |

UNUSUALLY HIGH MEDICAL/DENTAL EXPENSES

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 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, only the portion of expenses which exceeds 11% of total income Will be considered an unusual circumstance.</p> <p>If your parents itemized medical/dental expenses in 2008, provide a signed copy of their 2008 federal income tax return, with Schedule A. If medical/dental expenses were not itemized in 2008, provide receipts of medical and dental expenses paid by your parents (not covered by insurance) in 2008.</p> <p>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 2008.</p> <p>Name _____ Relationship to student _____.</p> |

ELEMENTARY/SECONDARY EDUCATION AND ADULT CARE EXPENSES

Circumstance

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 to student _____.

Documentation required: Signed 2008 federal income tax return (to verify dependents) and receipts for tuition or adult care payments made in **calendar year 2008**.

UNUSUAL DEBTS

Circumstance

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
- Date incurred
- Date payments began and date payments end

DOES NOT INCLUDE CREDIT CARD DEBT.

2009 Income Worksheet

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

2009 income earned from work by student	\$
2009 income earned from work by mother	
2009 income earned from work by father	
Other 2009 taxable income:_____ Include: dividends, interest, pensions, annuities, alimony, unemployment compensation, capital gains, etc.	
2009 Social Security benefits	
2009 Temporary Assistance for Needy Families (TANF)	
2009 Child Support	
2009 Other untaxed income: earned income credit, etc.	
Total 2009 income	\$

SUMMARY OF SPECIAL CIRCUMSTANCES

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

PARENT(S) ENROLLED IN A POST-SECONDARY INSTITUTION

Complete if 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 2009-2010 academic year.

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

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 2009-2010 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

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

Signature of School Official	Printed Name
Title	Date Signed

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

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.

Student's Signature	Mother's/Stepmother's Signature
Father's/Stepfather'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. Rev. 09/09