

## 2016-2017 Special Circumstance Petition - Independent

**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 and/or your spouse:**

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

Special consideration may be available if your 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"/> <b>Unemployed/Dislocated Worker</b> <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 student and/or spouse and; <input type="checkbox"/> Copies of student and spouse’ 2015 W-2 form(s) and; <input type="checkbox"/> Signed copy of student and spouse 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"/> <b>Reduction of Income</b> <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 spouse who is <b>currently employed, but have less income for 2016 compared to 2015.</b> 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 student and/or spouse and; <input type="checkbox"/> Copies of student and spouse 2015 W-2 form(s) and; <input type="checkbox"/> Signed copy of student and spouse 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"/> <b>Legal Separation or Divorce</b> <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"/> <b>Legal documentation</b> of divorce or separation and; <input type="checkbox"/> Copies of student and spouse 2015 W-2 form(s) and <input type="checkbox"/> A <b>signed</b> copy of student and spouse 2015 federal income tax returns

If yes, date payments will begin ___/___/___ Amount: \$ _____	<input type="checkbox"/> Statement detailing situation
<b>Criteria for Consideration:</b>	<b>You must Provide:</b>
<input type="checkbox"/> <b>One-time Source of Income</b> <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 <b>cannot</b> be considered	<input type="checkbox"/> Copies of student and spouse 2015 W-2 form(s) and; <input type="checkbox"/> Signed copy of student and spouse 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"/> <b>Other unusual debt</b> <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 spouse 2015 W-2 form(s) and; <input type="checkbox"/> Signed copy of student and spouse 2015 federal income tax returns <input type="checkbox"/> Detailed Statement
<input type="checkbox"/> <b>Death of Spouse</b> <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 student and spouse 2015 W-2 form(s) <input type="checkbox"/> Signed copy of student's 2015 federal income tax returns <input type="checkbox"/> Detailed statement
<input type="checkbox"/> <b>Elementary/Secondary education or Adult Care Expenses</b> <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 tuition/fees were paid for private elementary or secondary education, or adult care expenses.	<input type="checkbox"/> Paid receipts for each family member for whom tuition/fees for private elementary or secondary education, or adult care expenses were paid and; <input type="checkbox"/> Signed copy of student's 2015 federal income tax returns to verify dependents on taxes and; <input type="checkbox"/> Detailed Statement
<input type="checkbox"/> <b>Unusually high medical/dental expenses</b> <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 spouse and 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 student's 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 you (not covered by insurance) in 2015

**Documentation required for ALL appeals:**

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| <input type="checkbox"/> Signed letter detailing circumstance<br><input type="checkbox"/> Completed petition form , including Section B of form | <input type="checkbox"/> 2015 Taxes and W2's Student and Spouse |
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**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.

<b><u>TOTAL 2016 GROSS TAXED INCOME</u></b>	<b><u>Student Income</u></b>	<b><u>Spouse Income</u></b>
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>		
<b>Total 2016 Gross Taxed Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b><u>TOTAL 2016 UNTAXED INCOME</u></b>	<b><u>Student Income</u></b>	<b><u>Spouse Income</u></b>
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>		
<b>Total 2016 Untaxed Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Will you pay child support during 2016?**       Yes       No

**If yes, number of months** \_\_\_\_\_      **Monthly Payment \$** \_\_\_\_\_      **Total \$** \_\_\_\_\_

**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.

<b>Student Signature</b> _____	<b>Date</b> _____	<b>Spouse Signature</b> _____	<b>Date</b> _____
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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