

2018-2019 SPECIAL CIRCUMSTANCE FORM

This application may be completed if your family's financial situation has significantly changed from the previous calendar year (information that was reported on your FAFSA to the current calendar year).

Federal regulations provide financial aid administrators at colleges and universities the authority to make adjustments to the information provided on the FAFSA when special circumstances exist. Such circumstances include the loss of employment or reduced income; separation or divorce; the death of a parent/spouse; extraordinary medical expenses; or the inflation of the income reported on the FAFSA by a one-time financial event. Results of a special circumstance may vary from school to school as these are based on the professional judgment of a financial aid administrator. Professional judgement decisions are final.

Once your FAFSA has been processed, our office can review your request for a Special Circumstance. If you have not already filed a FAFSA, please complete the online application as soon as possible.

New Mexico Highlands University financial aid administrators welcome the opportunity to review your special situation. When applicable, we will make adjustments to your financial aid application to possibly increase eligibility.

All applications must include the following:

1. All 2016 and 2017 W-2s for both parent and student
2. 2017 Tax Return Transcript.
3. 2016 Tax Return Transcript (www.irs.gov) for both parent and student, even if the Data Retrieval Tool was used to complete the FAFSA (1040 TAX RETURNS CANNOT BE ACCEPTED)
4. Letter explaining the circumstances that you want considered
5. Additional documents relative to your particular circumstance

2018-2019 SPECIAL CIRCUMSTANCE FORM

Student Name: _____

Banner I.D. @ _____

Student NMHU Email: _____

Telephone: _____

Parent(s) Email: _____

Telephone: _____

All Special Circumstance requests must include the following in addition to the information relative to your particular circumstance. Please indicate by checking the special circumstance(s) that apply to you.

Do not submit originals as documents will not be returned.

1. All 2016 and 2017 W-2s for both parent and student
2. Letter from parent/student explaining circumstances
3. 2016 Tax Return Transcript, www.irs.gov. (1040 TAX RETURNS CANNOT BE ACCEPTED)

SEPARATION/DIVORCE: ANSWER QUESTIONS AND SUBMIT REQUIRED OCUMENTATION BELOW

Parent Student

Name of Parent of Record on FAFSA (please print below the name of the parent whose information will remain on FAFSA):

_____ Date of Separation _____ Has the Parent of Record Remarried? Yes No

Court Documentation verifying legal separation or divorce

Copy of most recent pay check for parent of record

Proof of residence for each parent

DEATH of PARENT / SPOUSE – REQUIRED DOCUMENTATION BELOW

Copy of Death Certificate

Copy of the most recent paycheck stub for surviving parent/spouse

MEDICAL –REQUIRED DOCUMENTATION BELOW

2016/2017 Medical Bills

2016/2017 Receipts

2016/2017 Medical Insurance Premium Payments

2016/2017 Summary of Payments From Your Pharmacy

Documents need to be sorted and submitted by patient (if medical is for more than one family member) and in chronological order. Please make sure not to send duplicates of expenses. Documents not dated or dated outside of the current academic year will not be accepted.

ONE TIME PAYMENT- REQUIRED DOCUMENTATION BELOW:

Letter from parent/student explaining the one-time payment or reason for the withdrawal

Verification of amounts – (statement of withdrawal, 1098, etc.)

Student Name: _____ Banner I.D. @ _____

Loss of Employment/Reduction of Income – REQUIRED DOCUMENTATION BELOW

Name of Person that lost job: _____ Relationship to student: _____
 Name of Previous Employer: _____ Last Date of Employment _____
 Severance Pay received? Yes No Amount: \$: _____
 Unemployment Benefits received? Yes No Amount: \$: _____
 Retirement Benefits being received? Yes No Amount: \$: _____
 Disability Benefits being received? Yes No Amount: \$: _____
 Has new employment been found? Yes No Start Date ____/____/____
 Name of New Employer: _____

Will funds be taken out of your IRA, 401K, or other retirement plan in order to supplement income or pay off debt?
 Yes No Amount \$: _____

- Letter from parent/student explaining circumstances surrounding the loss of income or reduction
- Letter from previous employer stating last date of employment and year to date income OR copy of last pay check stub with year to date income information
- Verification of severance pay
- Verification of unemployment benefits
- Verification of retirement benefits
- Verification of disability benefits
- Verification of funds taken out of retirement plan
- Most recent pay check stub (if new employment has been found or if working multiple jobs)
- Anticipated income for 2018 for employed parent(s)/Spouse:

Other – REQUIRED DOCUMENTATION BELOW

- Letter from parent/student explaining circumstances
- Supporting documentation for your circumstances

I (we) certify that the information on this form and the accompanying documentation is accurate and complete to the best of my (our) knowledge. If approved, I (we) understand that the necessary corrections will be made to the Free Application for Federal Student Aid (FAFSA).

Student's Signature: _____ Date: _____

Parent's Signature (if applicable): _____ Date: _____

Office Use Only: FAFSA File: Complete Incomplete SAP: _____ COA: _____ EFC: _____
 Dependency Status: Dependent Independent Approved Denied
 Comments: _____

 Authorized Signature _____ Date _____