



MESALANDS COMMUNITY COLLEGE

Financial Aid Office
 911 South Tenth Street
 Tucumcari, NM 88401
 Phone (575) 461 - 4413 FAX (575) 461 -1901

Special Conditions

Independent Student
 2012 – 2013

According to federal laws and regulations, you (and your spouse's) 2011 income is used to assess your eligibility for financial aid for the 2012-2013 school year. However, there are "special circumstances" under which we may be able to recalculate your eligibility for financial aid. The special circumstances which we may consider are:

- ❖ 2012 income will be lower than 2011 income
- ❖ Unusual debts
- ❖ Unusually high medical/dental expenses (in excess of 11% of your total 2011 income)
- ❖ Tuition/fees for private elementary/secondary education for your dependent(s)
- ❖ Adult care expenses

If you or your spouse meets at least one of the circumstances listed above, complete the sections of this form which pertain to you. Attach copies of all requested and/or relevant documentation. Submit the entire packet to the Financial Aid.

Student's Name	Social Security Number
Telephone Number	E-Mail Address

LOSS OF INCOME FROM WORK (complete the Income Worksheet on Page 3 of this application)
****Must see reduced income for minimum of 6 months****

Check the circumstance which applies to your situation: (Provide copies of official documentation (final pay stub(s), employer's statement(s), etc.) of your earnings-to-the-date you submit this application. *If you (or your spouse) are **self-employed**, do not complete or submit this application until the end of 2012. You must provide documentation for 2012 income. Estimated income is unacceptable.*)

- Layoff:** Provide an official letter from employer stating the effective date of layoff and anticipated return.
- 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 disability and the effective date.
- Quit or reduced employment:** Provide an official letter from employer stating the effective date.
- Other:** Specify other circumstances and provide appropriate documentation: _____

LOSS OF INCOME (complete the Income Worksheet on Page 3 of this application)

Check the circumstance which applies to your situation:

- Alimony:** Provide court documentation indicating date of termination.
- Child Support:** Provide court documentation indicating date of termination.
- Unemployment:** Provide documentation from the Department of Labor indicating the beginning and ending dates of this benefit and the amount received.
- Other:** Specify other circumstances and provide appropriate documentation: _____

DIVORCE/SEPARATION (complete the Income Worksheet on Page 3 of this application)

- Since applying for financial aid, you have divorced, filed for divorce, or separated from a spouse. Provide legal documentation of the date of the divorce or preliminary divorce paperwork from an attorney.

DEATH OF A SPOUSE (complete the Income Worksheet on page 3 of this application)

- Since applying for financial aid, your spouse is no longer living. Provide documentation of the date of death.

ONE-TIME INCOME (complete the Income Worksheet on Page 3 of this application)

List the one-time source of income: _____

- In 2011, you or your spouse received a one-time source of income such as: inheritance, moving expense allowance, back-year social security payments, IRA distributions, etc. Provide a signed copy of your (and your spouse's) 2011 tax transcript from the Internal Revenue Service (IRS) indicating moving expenses, IRA distributions, documentation from the Social Security Administration for your back-year payments, etc. Your Financial Aid Office may request additional documentation.

****Note: winnings from gambling are NOT considered a special circumstance****

ELEMENTARY/SECONDARY EDUCATION OR ADULT CARE EXPENSES

- Provide documentation for each family member whom you included in your family size on your application for financial aid and for whom you paid tuition/fees for private elementary or secondary education, or adult care expenses. Submit copies of 2011 receipts for tuition or adult care payments made in the calendar year 2011.

Name of Family Member	Relationship to Student

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 exceed 11%*, will be considered an unusual circumstance.

If you or your spouse itemized medical/dental expenses in 2011, provide a signed copy of the 2011 tax transcript from IRS and Schedule A. If medical/dental expenses were not itemized in 2011, provide copies of receipts for expenses not covered by insurance but **paid** by you or your spouse in 2011.

You may only claim medical/dental expenses for yourself, your spouse, or dependents included on your application for financial aid. List below the family member who incurred the medical/dental expenses in 2011:

Name of Family Member	Relationship to Student

VERIFICATION OF 2011 INCOME

To process this application we must also verify your 2011 information. Please **submit** the following:

- Mesalands Community College Income Verification Worksheet (Independent student)
- Copies of 2011 Federal Tax Transcript from IRS for student and spouse if applicable
- Copies of 2011 W-2 forms for student and spouse

CERTIFICATION

I (we) certify that the information on this application, and the accompanying documentation, is true and complete to the best of my (our) knowledge. I (we) agree to attach proof of the information that I (we) listed on this form. If I (we) do not attach the requested documentation, the Special Conditions Application will not be processed.

I (we) understand that there is a two-week minimum processing time for this request.

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

Student's Signature	Date
Spouse's Signature	Date

Mesalands Community College 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 Financial Aid Office for assistance.

For Office Use Only

Prior Year special circumstance: Yes No **Approved** Yes No **Denied** Yes No

Old EFC _____ New EFC _____

Comments:
