Colorado Mountain College
Office of Student Financial Aid

Special Circumstances Form
Dependent Students
2012-2013

OFFICE USE ONLY
Approved: Denied
Comments:

Date: _____ FAO: _____

If you have unusual circumstances, complete this form and submit it to our office with specified documentation. Examples of unusual circumstances are:

- Unusual medical or dental expenses not covered by insurance*.
- Income reduction or non-recurring income.

***Unusual Medical/Dental Expenses**

Medical/dental expenses up to 11% of one family's 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 unusual circumstances.

Student's Name _____ Telephone No. _____ SSN or Student ID _____

Student's Address _____

_____@mail.coloradomtn.edu
CMC Issued Email Address

Student: Complete the section that pertains to your family's situation. Return this complete form to our office with specified documentation.

Unusual Medical/Dental Expenses

How much did you or your parents pay for medical/dental expenses not covered by insurance in 2011? $_____

DOCUMENTATION:

- If you or your parent itemized medical/dental expenses, a signed copy of the 2011 Federal Income Tax Return with Schedule A.
- If your parents did not itemize medical/dental expenses, provide receipts of medical and dental payments made in 2011.

INCOME REDUCTION OR NON-RECURRING INCOME	
1. Will you or your parents' income be significantly less in 2012 than in 2011? Yes ☐ No ☐	
2. If you answered "yes" to number 1, check the appropriate reason below and explain, giving the date of the change in your situation	
a. Divorce or separation ☐	
b. Death of a parent ☐	
c. Disability of student or parent ☐	
d. One-time income (e.g., inheritance, moving expense allowance, back-year social security payment, IRA, etc.) ☐	
Date of the occurrence:	
3. If 2(d) is checked, identify the source of income, the amount, and how the funds were spent or invested:	
4. If 2(a), 2(b), 2(c), or 2(d) is checked, provide the following information for 2012.	
▪ Wages, salaries, tips, (including severance pay, disability payments and any income from work.	$
▪ Other taxable income	$
▪ Untaxed social security benefits	$
▪ Aid to Families with Dependent Children (AFDC)	$
▪ Child support to be received	$
▪ Other untaxed income	$
▪ TOTAL anticipated income for 2012	$ 0
DOCUMENTATION:	
For estimated income: signed statements documenting estimated earnings, and alimony or child support designated in divorce agreements. For non-recurring income: 2011 signed federal income tax return showing itemized deductions; moving expenses, capital gains/losses, etc.	

By signing this worksheet, I (we) certify that all the information reported, to qualify for student aid, is complete and correct.

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

You will be contacted via CMC email if any further information is required

Student Signature Date

Mother/Stepmother Signature Date

Father/Stepfather Signature Date

Revised February 2012