



Office of Financial Aid and Scholarships
Special Circumstances
2025-2026

Revised: 02/2025
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Student Name:

NSHE ID:

The 2025-2026 FAFSA was initially calculated using 2023 income figures. If your circumstances, or your family's circumstances, have changed due to loss of benefit or income, death, divorce, or extraordinary expenses or situations, you can request a re-evaluation of your financial aid eligibility.

After submission, your documents will be reviewed and you will receive an email containing decision details. If approved, the Financial Aid Office will make changes to your FAFSA, at which time you will receive an email notification from FAFSA. **Do not make changes to the FAFSA yourself.** Once the changes are finalized, you will receive a revised UNR Financial Aid Offer Letter.

SECTION 1: REQUIRED DOCUMENTATION/INFORMATION

Before your request will be reviewed, you MUST submit the following:

1. **This form, completed, signed, and dated by all required parties.**
2. **A brief, detailed letter explaining the situation.**
3. **All required documentation, as detailed in the applicable box(es) below.**
4. **The 2025-2026 V-1 Verification Worksheet, Independent or Dependent version as applicable, including all tax data for 2023 as noted in section 3 and 4 of the verification worksheet.**

Select the option(s) below that best describes your special circumstances:

LOSS OF BENEFIT OR UNTAXED INCOME (Example: child support, one-time distribution) (**Required documents:** Termination letter from the provider/agency, or 1099R)

List Benefit or Untaxed Income Source: (does not include employment)

Date of Benefit or Income Loss:

Amount Received in 2023:

MARRIED AFTER FILING FAFSA (**Required Documents:** Marriage Certificate **AND** a signed statement explaining any support to be received from parents in the 2024-2025 academic year (i.e. for rent, phone, medical, transportation, child care, etc.)

BIRTH OF CHILD AFTER FILING FAFSA (**Required Documents:** Birth certificate)

SEPARATION/DIVORCE/DEATH (**Required Documents:** Separation papers OR divorce papers OR copy of death certificate)

MEDICAL/DENTAL/NATURAL DISASTER EXPENSES (Only amounts not paid by insurance) (**Required Documents:** Itemized receipts or bills with out-of-pocket expenses circled on each, **OR** Copies of medical insurance documentation showing patient's responsibility for payment of medical charges and prescriptions)

Enter amount for major medical, dental, or natural disaster damages not covered by insurance:

Select the year that the expenses occurred:

2023

2024

2025

2026



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SECTION 1: REQUIRED DOCUMENTATION/INFORMATION (Continued)

OTHER EXTRAORDINARY CIRCUMSTANCES/EXPENSES not included elsewhere on this form. Include a detailed explanation below. (**Required Documents:** Itemized receipts/bills, documentation of out-of-pocket expenses, or documentation supporting circumstances.)

SECTION 2: CERTIFICATION

I/We hereby certify that all information reported on this form and attached documents are true, complete, and accurate. I/We give consent to the financial aid office to make adjustments to my FAFSA application(s), and understand that false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. (**Parent signature also required if requesting parental special circumstance.**)

Student Signature:

Date:

Parent Signature:

Date:

For Office Use Only

Approved Evaluator:

Notes:

Denied Date:

Incomplete New SAI:

Adj. SAI Calc

Contact Information

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