# Revised: 2/8/2023

### Office of Student Financial Aid & Scholarships

## **Special Circumstances 2023-2024**

OFFICE USE ONLY	ľ
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Student Name:	NSHE ID:
	g 2021 income figures. If your circumstances, or your family's it or income, death, divorce, or extraordinary expenses or situations, id eligibility.
If approved, the Financial Aid Office will make char	d and you will receive an email containing decision details. nges to your FAFSA, at which time you will receive an email the FAFSA yourself. Once the changes are finalized, you will receive a
SECTION 1: REQUIP	RED DOCUMENTATION/INFORMATION
Before your request will be reviewed, you <b>MUST</b> so	ubmit the following:
This form, completed, signed, and dated by al	I required parties
A brief, detailed letter explaining the situation	·
All required documentation, as detailed in the	e applicable box(es) below
The 2023-2024 V-1 Verification Worksheet, Indidata for 2021 as noted in section 3 and 4 of th	lependent or Dependent version as applicable, including all tax e verification worksheet
1. LOSS OF BENEFIT OR UNTAXED INCOME	(Example: child support, one-time distribution)
List Benefit or Untaxed Income Source (does not	include employment):
Date of Benefit or Income Loss:	
Required Documentation: Termination letter from	om the provider/agency, or 1099R
2. MARRIED AFTER FILING FAFSA	
	e, 2. A signed statement explaining any support to be received . for rent, phone, medical, transportation, child care, etc.)
3. SEPARATION/DIVORCE/DEATH	
Required Documentation: Separation papers O	R divorce papers OR copy of death certificate
4. PARENT ENROLLED IN COLLEGE	
Name of parent:	College parent is attending:
Is this parent receiving financial assistance for col vocational rehabilitation or job training? If so, list	lege, other than federal aid or veteran education benefits, such as the source below.
Source of financial assistance:	
<b>Required Documentation:</b> Parent's schedule de to a college degree or certificate between July 1,	monstrating at least half-time enrollment in a program that leads 2023 and June 30, 2024



**CONTACT US** 

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 $Location: 3^{RD}\ Floor, Fitzgerald\ Student\ Services\ Bldg.$ 

#### SECTION 1, CONTINUED: REQUIRED DOCUMENTATION/INFORMATION

5. MEDICAL/DEN	TAL/NATUR	AL DISASTER	EXPENSES (C	nly amoun	ts not paid	by insurance)		
Enter amount for maj	jor medical, c	lental, or natu	ral disaster da	mages not	covered by	/ insurance:		
Select the year that the	he expenses	occurred:	2021	2022	2023	2024		
Required Documenta								
medical insurance do	cumentation	n showing pati	ent's respons	ibility for pa	ayment of r	nedical charge	s and prescriptions	
<b>6. OTHER EXTRAC</b> below.	ORDINARY E	XPENSES not	included else	where on th	nis form. Inc	clude a detaile	d explanation	
<b>Required Documentation:</b> Itemized receipts/bills or documentation of out-of-pocket expenses.								
SECTION 2: CERTIFICATION								
I hereby certify that a								
give consent to the F								
statements or misrep (Parent signature is a						d/or repaymen	t of financial ald.	
_	-	_						
Student Signature:					Dat	e:		
Parent Signature:					Dat	e:		
FFICE USE ONLY	Approved	Denied	Adj. EFC Calc	New EFC:		Initials:	Date:	