



Revised: 1/3/20

Office of Student Financial Aid & Scholarships

Special Circumstances

2020-2021

OFFICE USE ONLY

Student Name: _____ NSHE ID: _____

E-mail Address: _____ Phone Number: _____

INSTRUCTIONS

1. Check the applicable special circumstance box below, attach a detailed explanation of your situation, and provide all required documents for your special circumstance as listed. Submit only copies - documents will not be returned.

2. If your file has not already been selected for verification, you must submit:

- **The 2020-2021 V-1 Verification Worksheet - Independent or Dependent as applicable**
- **Copies of your signed 2018 Federal IRS Tax Return or 2018 IRS Tax Return Transcripts; schedules 1, 2, 3, and C (if applicable); and all 2018 W2s.** Documents must be provided for both student and parent if student is dependent, or for student and spouse if student is married.

This form and all required documents must be submitted no later than two weeks before the end of the term for which funds are requested. Any form submitted without complete and accurate documentation will not be approved.

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: _____ Amount Received in 2018: _____

Required Documentation: Termination letter from the provider/agency, or 1099R

2. MARRIED AFTER FILING FAFSA

Required Documentation: 1. Marriage Certificate, 2. 2020-2021 V-1 Independent Verification Worksheet, 3. Signed statement explaining any support to be received from parents in the 2020-2021 academic year (i.e. for rent, phone, medical, transportation, child care, etc.)

3. SEPARATION/DIVORCE/DEATH

Required Documentation: Separation papers OR 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 college, other than federal aid or veteran education benefits, such as vocational rehabilitation or job training? If so, list the source below. Yes No

Source of financial assistance: _____

Required Documentation: Parent's schedule demonstrating at least half-time enrollment in a program that leads to a college degree or certificate between July 1, 2020 and June 30, 2021

5. MEDICAL/DENTAL/NATURAL DISASTER EXPENSES (Only amounts not paid by insurance)

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

Select the year that the expenses occurred: 2018 2019 2020 2021

Required Documentation: 1. Itemized receipts with **paid**, out-of-pocket expenses circled on each OR 2. Copies of medical insurance documentation showing patient's responsibility for payment of medical charges and prescriptions

I certify that the information I have provided is accurate and complete, and I understand that any false information may be cause for denial, reduction, and/or immediate repayment of all aid.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY Approved Denied Pending **FAA Initials:** _____ **Date:** _____

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