



Office of Student Financial Aid & Scholarships

OFFICE USE ONLY

Special Circumstances
2021-2022

Revised: 3/12/21

Student Name: _____ NSHE ID: _____
E-mail Address: _____ Phone Number: _____

Section 1: Processing Information

The 2021-22 FAFSA was initially calculated using 2019 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 2: Required Documentation/Information

For consideration, you must submit:

- This form, signed and dated, with the applicable special circumstance box(es) checked below
- A brief, detailed letter, explaining the situation
- All required documentation, as detailed in the applicable box(es) below
- The 2021-2022 V-1 Verification Worksheet, Independent or Dependent version as applicable, including all tax data for 2019 as noted in section 2 of the 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: _____ Amount Received in 2019: _____
Required Documentation: Termination letter from the provider/agency, or 1099R

2. MARRIED AFTER FILING FAFSA
Required Documentation: 1. Marriage Certificate, 2. A signed statement explaining any support to be received from parents in the 2021-2022 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, 2021 and June 30, 2022



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Section 2, Continued: Required Documentation/Information

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: 2019 2020 2021 2022

Required Documentation: 1. Itemized receipts or bills with 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

6. OTHER EXTRAORDINARY EXPENSES not included elsewhere on this form. Include a detailed explanation below.

Required Documentation: Itemized receipts/bills or documentation of out-of-pocket expenses.

SECTION 3: CERTIFICATION

I hereby certify that all information reported on this form and attached documents is true, complete, and accurate. I 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 is also required if requesting re-evaluation of parental income.)

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

OFFICE USE ONLY Approved Denied Adj. EFC Calc New EFC: _____ Initials: _____ Date: _____

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