



Office of Student Financial Aid & Scholarships

OFFICE USE ONLY

COVID-19 RE-EVALUATION USING 2020 INCOME/BENEFITS

Revised: 3/11/21

Student Name: _____ NSHE ID: _____

SECTION 1: PROCESSING INFORMATION

The University of Nevada, Reno is committed to helping students and families affected by the COVID-19 pandemic. The 2020-21 FAFSA was initially calculated using 2018 income figures, but if you or your family has experienced significant changes due to the pandemic, we can re-evaluate your eligibility using 2020 income information.

After submission, your documents will be reviewed and you will receive an email containing decision details. The Financial Aid Office will then make changes to your FAFSA, at which time you will receive an email notification from FAFSA. Do not make changes to the FAFSA yourself.

SECTION 2: CIRCUMSTANCES AND REQUIRED DOCUMENTATION

For consideration, you must submit:

- Checkboxes for submitting form, letter, and documentation.

Identify whose income was affected by COVID-19 below, then complete the corresponding questions. For each person whose income was affected, you must attach one of the following: 1) a letter from your employer...

Table with 2 columns: STUDENT and STUDENT'S SPOUSE, and 2 columns: PARENT 1 and PARENT 2. Rows contain questions about income affected by COVID-19, job status, and return dates.



Office of Student Financial Aid & Scholarships

COVID-19 RE-EVALUATION
USING 2020 INCOME/BENEFITS

OFFICE USE ONLY

Student Name: _____ NSHE ID: _____

SECTION 3: 2020 INCOME ESTIMATE

Complete all boxes in the chart below and provide all applicable documentation. Enter "0" in any box that is not applicable.

Table with 3 columns: All Income Types, Student Amount, Parent/Spouse. Rows include Gross wages, Business income, Severance pay, Unemployment benefit, Pension/annuity distributions, Alimony, Child support, and Other untaxed income.

SECTION 4: CERTIFICATION

I hereby certify that all information reported on this form and in all 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.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____