

## Office of Student Financial Aid & Scholarships

## **Re-Evaluation Using 2021 Income/Benefits**

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Location: 3<sup>RD</sup> Floor, Fitzgerald Student Services Building

Student Name:				NSHE ID:			
The 2021-22 and 20 there has been a sig financial aid eligibilithis request to be of for additional funds After submission, you The Financial Aid Of 2022-23) that we has	22-23 FAFSA's nificant chang ty based on 20 considered. The such as the Perior documents fice will submive on file. <b>Do</b>	were original ge in income k D21 income fig ne Re-evaluat ell Grant or Su s will be revies it the change not submit a	ly completed us petween 2019 or gures. <b>Your 202</b> ion will only be bsidized Direct wed and a comms to one or both <b>ny further corre</b>	ing 2019 and 2 2020 to 2021, 1 federal incomproved if the Loans.  nunication will of the applicate applica	o20 income figures students can reque me tax return muse approval will make be sent to you with ole FAFSA applications.	, respectivelest a re-evalue the complete the studer the decisions (2021-22	eted for at eligible on details. 2 and/or
will receive a revised			·	·	- '		
	SEC	IION 1: KEQU	JIRED DOCUME	NIAHON/INFO	ORMATION		
A brief, deta The followir Signed	gned and date iled letter exp ng tax Docume 2021 IRS 1040 edules 1, 2, 3, a	ed by all requi laining the re ents: Form (2 page	ired parties ason for re-evalus) s)	_			
Please complete the	e chart below	using 2021	information. E	nter "0" if not	applicable:		
Additional Financial Information/Untaxed Income Types						Student	Parent
Child support paid							
Earnings from need-	oased employ	ment prograr	n(s) such as wor	k-study, intern	ships, or fellowship		
Earnings from coope	rative educati	on program(s	) offered by a co	llege			
Child support receive			-				
Housing, food, and o	ther living allo	wances paid	to members of t	he military, cle	ergy, and others		
Veteran's non-educa	tion benefits						
Workers' compensati	on						
Disability Benefits							
Money received or p (Do not include mon			) not reported e	lsewhere.			
		SE	CTION 2: CERT	FICATION			
I hereby certify that a I give consent to the statements or misrep (Parent signature al Student Signature:	financial aid of resentation w so required if	ffice to make a ill be cause fo requesting I	adjustments to r r denial, reducti r <b>e-evaluation o</b>	ny FAFSA appli on, withdrawal <b>f parental inco</b>	ication(s), and unde , and/or repayment ome.) Date:	erstand that	false aid.
OFFICE USE ONLY	Approved	Denied	Adj. EFC Calc	New EFC:	Initials:	Date:	

E-Mail: fapj@unr.edu

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**CONTACT US**