



2008-2009 INDIVIDUAL CIRCUMSTANCES APPEAL FORM (ICAF)

Student's Name: _____ L#: _____

E-mail Address: _____ Phone Number: _____

Local or Mailing Address: _____

PLEASE READ CAREFULLY – AN INCOMPLETE APPEAL WILL DELAY REVIEW

A Financial Aid Administrator has determined you have special circumstances that may warrant the use of your family's estimated present year (2008) income to re-determine your financial assistance eligibility. You may be required to submit additional documents to substantiate your special circumstances and to update your financial assistance application with UNLV and the Federal Student Aid Processor.

STEP 1 Read and complete the CERTIFICATION below. All marked signatures are required.

STEP 2 Read and complete side 2 of this form. Attach photocopies of documentation and statements as requested.

STEP 3 Return this form and all documents, statements, and your written appeal letter to the attention of the Financial Aid Administrator identified below.

CERTIFICATION: All marked signatures are REQUIRED for this appeal.

"I (we) certify the information contained in this ICAF and any supporting documentation or statements are true and complete to the best of my (our) knowledge. I (we) will provide additional information as requested by a UNLV-FAS Financial Aid Administrator. I (we) realize this ICAF will be considered INCOMPLETE and will not be reviewed until all requests are honored. I (we) understand any false information will be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me (us) to a fine, imprisonment, or both under the provisions of the U.S. Criminal Code."

() _____ () _____
Student's signature Date Spouse's signature Date

() _____ () _____
(Step) Mother's signature Date (Step) Father's signature Date

▶ ▶ ▶ Please allow 4 weeks for processing OVER for side 2 ▶ ▶ ▶

Financial Aid Counselor Name, Phone Number and E-mail Address

ICAF - Side 2

Student's Name: _____ L#: _____

◀ SECTION I: INCOME AND STATUS VERIFICATION ▶

- Photocopies of all marked items must be submitted before your appeal will be reviewed.
- Financial Aid and Scholarships staff cannot make copies of documents for you.
- All submitted documents become the property of UNLV.

- () Student's signed Letter of Special Circumstances Appeal
- () Verification Forms
- () Employer Summary Form
- () Marital Separation Form
- () Cost of Attendance Review Worksheet
- () Appeals submitted after **October 1, 2008** must also include copies of **2008 federal income tax return and W-2 forms**

	<u>Student</u>	<u>Spouse</u>	<u>Parent</u>
() SIGNED, 2007 Federal Income Tax Return, including any schedule(s) filed for
() 2007 W-2 Wage Form(s) for.....
() 2007 Tax Non-filer's Statement for
() Last (most recent) 2 pay-stubs from employer(s) for.....
() Records of stocks, bonds, interest bearing accounts, and other investments for
() Documentation of 2008 medical bills paid out-of-pocket for
Do NOT include amounts covered by insurance.
() Letter from employer reporting employment status, date of separation, severance pay and any other financial untaxed and taxable benefits for
() Official Documentation of Unemployment Benefits for.....
() Other: _____

◀ SECTION II: ESTIMATED 2008 TAXABLE AND UNTAXED INCOME ▶

Complete this section using your projected dollar value of each item for the **entire** 2008 calendar year. **You MUST attach documentation that will support and explain your reported amounts, even if the documentation is not requested above in Section I.** Respond to all items, **if the amount is zero, write "0" in the blank.**

<u>Income Sources</u>	<u>Student/Spouse</u>	<u>Parent(s)</u>
Income earned from work by student/father.....	\$ _____ .00	\$ _____ .00
Income earned from work by spouse/mother.....	\$ _____ .00	\$ _____ .00
Other Taxable Income.....	\$ _____ .00	\$ _____ .00
Total 2008 Social Security Benefits.....	\$ _____ .00	\$ _____ .00
Total 2008 AFDC or Public Assistance.....	\$ _____ .00	\$ _____ .00
Total 2008 Child Support (to be received).....	\$ _____ .00	\$ _____ .00
Total 2008 Veteran Benefits.....	\$ _____ .00	\$ _____ .00
Total 2008 Other non-taxable Income and Benefits.....	\$ _____ .00	\$ _____ .00
Total 2008 Child Support (to be paid).....	\$ _____ .00	\$ _____ .00
Total 2008 Out-of-pocket Medical Expenses.....	\$ _____ .00	\$ _____ .00

OFFICE USE ONLY

REBELAID UPDATES: ISIR # _____ ECARSC req. ____/____/____ ECARSC # _____ rec. ____/____/____

*Clip AEF, ICAF, INST DOCS, and OTHER DOCS. Route documents for imaging.

_____/_____
FAA1 Date