

# 2009-2010 DEPENDENT Special Circumstances Appeal Form



**Financial Aid & Scholarships**  
Campus Box 452016, 4505 Maryland Pkwy  
Las Vegas NV 89154-2016  
Fax (702) 895-1353 Phone (702) 895-3424  
<http://finaid.unlv.edu>

The purpose of this 2009-2010 Special Circumstances Form is for you to explain changes in your family's financial situation. Provide as much supporting documentation as possible.

Student's Last Name (print)	First Name	MI	
Student ID #	Rebel Mail E-mail Address		
Address	City	State	Zip
Telephone Number	Cell Phone Number		

### WARNING!

YOUR SPECIAL CIRCUMSTANCE REQUEST CANNOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED.

Depending on the special circumstance you present, you may be notified that additional documentation not listed here is also needed. In order for us to review your Special Circumstance Appeal, you must provide all required information within 30 days of this request. Failure to do so may result in the denial of your Special Circumstance Appeal due to incomplete information.

**Review and processing of this information will take approximately four weeks** from the date this completed form and all supporting documentation are received by our office. You will then be notified through your UNLV Rebel Mail e-mail account when the review has been completed.

### There are 5 required steps for the Special Circumstances Appeal, they are:

- 1. ACTIVATION** – Activate your offer of Financial Aid for the 2009/2010 academic year. Appeals submitted prior to aid being offered and activated will not be processed.
- 2. VERIFICATION** – Your file must be verified for accuracy before the Special Circumstances review can begin. If your 2009-2010 FAFSA was selected for verification and you and your parent(s) have already sent your 2008 federal tax return, W-2's and verification forms to our office, do not send a second copy. If you were not selected for verification, complete the Dependent Verification Forms provided on pages 6 **through 8** of this form.
- 3. APPEAL FORM** – Complete the appeal form, marking the circumstance(s) that best describe your situation(s).
- 4. DOCUMENTATION** – Attach all required documents relating to the circumstance(s) you marked.

5. **SUBMISSION** – Submit the completed appeal form, verification documents (if not previously submitted) and all required documentation to **UNLV Financial Aid & Scholarships:**  
**Mailing Address** – Campus Box 452016, 4505 Maryland Pkwy, Las Vegas, NV 89154-2016,  
**Fax** – (702) 895-1353  
**Campus Location** – Student Services Center (SSC), Building A, Room 232.

Please contact our office if you have questions about completing this form.

### IMPORTANT NOTES

**Submit copies of documentation. No documents will be returned. We are unable to provide copying services.**

**We recommend you make a copy of this completed form for your records.**

Include your name and UNLV Student Identification Number (L#) on all submitted documents.

If you submit additional documentation after turning in the initial appeal, write: Special Circumstance and your L# on each additional document submitted.

**Appeals submitted on or after November 1, 2009**, must include a signed copy of 2009 tax return(s) AND 2009 W-2(s) for student and parent(s).

**Below are special circumstances that may be considered.** Check the item(s) in the Parent Section that applies(y) to your parent(s) and/or check the item(s) in the Student Section that apply to you. Be sure to provide the documentation requested.

### **Parent Section**

**A. Reduction or loss of income from work for at least ten (10) weeks in 2008 or 2009**

Mother/Stepmother     Father/Stepfather

**1. Layoff/Termination** ♦ Last date worked (mmddyy): \_\_\_\_\_

**Documentation Required:**

- a. A letter from employer on company letterhead stating effective date.
- b. Copy of the last pay statement showing gross year-to-date income from each job worked for **both** mother and father.
- c. Documentation of unemployment benefits from state agency stating start and end date, weekly amount, and total amount of benefits, if applicable.
- d. Documentation of any severance pay received, IRA's, stocks, bonds, pensions, etc. converted to cash.
- e. Has the parent started another job?  No  Yes If yes, give start date (mmddyy): \_\_\_\_\_. Submit a copy of their most recent pay statement. *Please highlight or write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).*

**2. Disability beginning in 2008 or 2009**

Date disability started: \_\_\_\_\_ ended: \_\_\_\_\_

**Documentation Required:**

- a. A signed statement from a physician indicating the start date of the disability and the expected length of time of inability to work.
- b. Documentation of any workman's compensation disability benefits you received or will receive in 2008 or 2009.
- c. Document any social security or other disability income you received or will receive in 2008 or 2009.

**3. Other** ♦ Attach a letter explaining the situation along with supporting documents.

**B. Reduction or loss of other taxable income and/or benefits for at least ten (10) weeks in 2008 or 2009**

1. **Unemployment compensation** ♦ Submit copy of letter from unemployment office stating when unemployment compensation is to end and the total amount of benefits paid in 2008 or 2009.
2. **Alimony** ♦ Submit court documents stating when alimony is to end and total amount of alimony that was received in 2009.
3. **Other** ♦ Attach a letter explaining the situation and supporting documents.

**C. Loss of untaxed income and/or benefits for at least ten (10) weeks in 2008 or 2009**

Submit documentation, dates, and total amount received for all applicable resources:

1. **Social Security income** ♦ Date Social Security ended (*mmddyy*): \_\_\_\_\_  
Letter from the Social Security Administration stating the amount of benefits received in 2008 and/or 2009 and when the benefits will end.
2. **Child Support** ♦ Date child support ended: \_\_\_\_\_  
Official document or signed personal statement indicating date child support ended and total amount received in 2008 and/or 2009.
3. **Other untaxed income and/or benefits** ♦ (Circle all that apply). \_\_\_\_\_  
Compensation, Veteran's Death Benefits, Dependency and Indemnity Compensation (DIC), housing, food and other living allowances for military/clergy/other, Temporary Assistance for Needy Families (TANF) and/or any other untaxed income.

Page 1 of 3

Worker's

**D. Separation of parents in 2008 or 2009 Provide supporting documentation of two separate households**

1. Date of separation (*mmddyy*): \_\_\_\_\_
2. Which parent will the student live with? \_\_\_\_\_
3. Who will provide the most support? \_\_\_\_\_

**Documentation Required:**

- a. Copy of supporting parent's 2008 W-2 Forms and asset information including child support or alimony.
- b. Copy of legal separation papers **or** the Marital Separation Form which can be downloaded from the forms section of our website (<http://finaid.unlv.edu>).

**E. Divorce of parents in 2008 or 2009 (Submit a copy of the divorce decree)**

Date of divorce (*mmddyy*): \_\_\_\_\_

1. Which parent will the student live with. \_\_\_\_\_
2. Who will provide the most financial support? \_\_\_\_\_

**Documentation Required:**

- a. Copy of supporting parent's W-2 Forms and asset information.
- b. Document any child support and spousal support they will receive.

**F. Death of Parent in 2008 or 2009**

Mother/Stepmother     Father/Stepfather    Date of death (*mmddyy*): \_\_\_\_\_

Submit a copy of the death certificate and surviving parent's W-2 Forms.

**G. Expenses Paid**

1. **Unusual medical or dental expenses paid out of pocket by family in 2008 or 2009**

**Documentation Required:**

- a. Submit a copy of your 2008 Federal Tax Schedule A **or**
- b. Complete the **Medical/Dental Documentation Form**: Submit form and copies of supporting documentation as proof of payment in 2008 or 2009. Include a copy of the payment agreement with the hospital or health organization, if applicable.

2. **Catastrophic event in 2008 or 2009**

**Documentation required:**

- a. Attach a letter explaining the situation.
- b. Official report, invoices and receipts of expenses paid by the family **not** covered by insurance.
- c. Copy of statement(s) from the insurance company of any paid or denied claims.

3. **Child support paid in 2009** ♦ Submit cancelled checks or other proof of payments beginning in 2009.

4. **Alimony paid in 2009** ♦ Submit cancelled checks or other proof of payments beginning in 2009.

## Student Section

**H. Loss of taxable income in 2008 or 2009.**

1. **Your 2008 income was greater than \$3,000 and you are expecting a significant reduction in your income during 2009** ♦ Reason for reduction in income: \_\_\_\_\_

**Documentation Required:**

- a. Submit a letter from employer on company letterhead stating last date of employment for each position.  
b. Submit a copy of the last pay statement showing gross year-to-date income.

2. **Co-Op Program** ♦ Dates of participation: From \_\_\_\_\_ to \_\_\_\_\_

**Documentation Required:**

- a. Submit the last pay statement from your co-op employment.  
b. Submit a copy of your lease.

4. **Other** ♦ Attach a letter explaining the situation and supporting documents.

**I. Loss of untaxed income and/or benefits for at least ten (10) weeks in 2008 or 2009**

1. **Social Security income** ♦ Date Social Security ended (*mmddyy*): \_\_\_\_\_  
Submit a copy of the SSA-1099 Social Security Benefit Statement or a letter from the Social Security Administration stating the amount of benefits received in 2008/ 2009 and documenting when the benefits end.
2. **Other untaxed income and/or benefits** ♦ Attach a letter explaining the situation and supporting documents.

**Expected Total Income and Benefits  
January 1, 2009 - December 31, 2009**

**Dependent Student Applicants Only!**

All sources of income for 2009	Father/ Stepfather	Mother/ Stepmother	Student
<p><b>2009 Anticipated Gross Wages Earned from Work</b></p> <ul style="list-style-type: none"> <li>• Include wages already earned</li> <li>• provide most recent pay stubs for documentation.</li> </ul>	<p>1/1/09 to 12/31/09</p> <p>\$ _____</p>	<p>1/1/09 to 12/31/09</p> <p>\$ _____</p>	<p>1/1/09 to 12/31/09</p> <p>\$ _____</p> <p>Have you earned income from Federal Work Study (FWS)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes \$ _____</p>
<p><b>Other 2009 Taxable Income</b> Document <u>both</u> amount and source: <i>*Examples:</i> Unemployment compensation, taxable portion of Social Security benefits, severance pay, interest income, dividends, alimony, business income, capital gains, pensions and annuities (minus rollover amounts), IRA's (minus rollover amounts), rents, royalties, partnerships, estates, trusts, life insurance payment, and any other taxable income.</p>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source(s) of income: _____ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source(s) of income: _____ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source(s) of income: _____ _____</p>
<p><b>Untaxed 2009 Income or Benefits</b> Document <u>both</u> the amount and the source: <i>*Examples:</i> Social Security Benefits (untaxed portions), child support received for all children, Temporary Assistance for Needy Families (TANF), worker's compensation, Veteran's Death Benefits, Dependency and Indemnity Compensation (DIC), housing, food, pensions, annuities, other living allowances for military/clergy/other, and any other untaxed income.</p>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source(s) of income: _____ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source(s) of income: _____ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>Identify source(s) of income: _____ _____</p>
<p><b>Veterans' Education Programs</b> <i>(Circle all that apply)</i> Selective Reserves (Ch.106), Voc. Rehab. (Ch. 31), DEAP (Ch. 35), New G.I. Bill (Ch. 30), Ed. Asst. Test Program, VEAP (Ch. 32), REAP (Ch. 1607), REPS, and/or other. Please indicate the amount you will receive.</p>			<p>\$ _____ per month</p> <p>x _____ # of months</p> <p>\$ _____ TOTAL</p>

**Certification:** My signature below certifies that the information provided on this form and the contents of any and all documentation are true to the best of my knowledge.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date



# 2009-2010 Verification Worksheet

## Federal Student Aid Programs

Dependent

FORM APPROVED  
OMB NO. 1845-0041

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with signed copies of your and your parent(s)' 2008 Federal tax forms, schedules and W-2 forms. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

Complete this verification form and submit it to your financial aid administrator as soon as possible, so that your financial aid won't be delayed. Your financial aid administrator will help you.

### What you should do

1. Collect your and your parent(s)' financial documents (signed Federal income tax forms and W-2 forms).
2. Talk to your financial aid administrator if you have questions about completing this worksheet.
3. Fill in and sign the worksheet—you and at least one parent.
4. Submit the completed worksheet, tax forms, and any other documents your school needs to your financial aid administrator.
5. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your application. You may need to make corrections electronically or by using your SAR. *Your school must review the requested information, under the financial aid program rules (34 CFR, Part 668).*

### A. Student Information

Last name	First name	M.I.	Student ID Number
Address (include apt. no.)			Date of birth
City	State	ZIP code	Phone number (include area code)

### B. Family Information

List the people in your parents' household, include:

- yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
- your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2009 through June 30, 2010, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
Example: Missy Jones	18	Sister	Central University

**C. Student's Tax Forms and Income Information (all applicants)****Dependent**

1. Check only one box below. Tax returns include the 2008 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of your tax return, request a copy from your tax preparer or a copy of an Internal Revenue Service form that lists tax account information.

- Check and attach a copy of your signed tax return and W-2 forms.
- Check and complete: signed tax return and W-2 Forms will be submitted to the school by \_\_\_\_\_ (date).
- Check here if you will not file and are not required to file a 2008 U.S. Income Tax Return.

2. Funds received for child support and other untaxed income. (See worksheets A&B of the Free Application for Federal Student Aid)

Sources of Untaxed Income	2008 Amount	Sources of Untaxed Income	2008 Amount
a. Child Support	\$	d.	\$
b. Workman's Compensation	\$	e.	\$
c. Untaxed Pensions	\$	f.	\$

3. If you did not file and are not required to file a 2008 Federal income tax return, list below your employer(s) and any income received in 2008 (use the W-2 form or other earnings statements if available).

Sources	2008 Amount
	\$
	\$
	\$

**D. Parent(s)' Tax Forms and Income Information**

1. Check only one box below. Tax returns include the 2008 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If your parent(s) did not keep a copy of their tax return, request a copy from the tax preparer or a copy of an Internal Revenue Service form that lists tax account information.

- Check and attach a copy of your parents' signed tax return(s) and W-2 forms.
- Check and complete: signed tax return(s) and W-2 forms will be submitted to the school by \_\_\_\_\_ (date).
- Check here if your parent(s) will not file and are not required to file a 2008 U.S. Income Tax Return.

2. Funds received for child support and other untaxed income. (See worksheets A & B of the Free Application for Federal Student Aid)

Sources of Untaxed Income	2008 Amount	Sources of Untaxed Income	2008 Amount
a. Child Support	\$	d.	\$
b. Workman's Compensation	\$	e.	\$
c. Untaxed Pensions	\$	f.	\$

3. If your parent(s) did not file and are not required to file a 2008 Federal income tax return, list below your parent(s)' employer(s) and any income they received in 2008 (use the W-2 form or other earnings statements if available).

Sources	2008 Amount
	\$
	\$
	\$

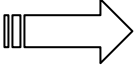
**E. Sign this Worksheet**

By signing this worksheet, we certify that all the information reported on it is complete and correct. At least one parent must sign.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Parent Date



**If zero, enter zero. Leave nothing blank or the forms will be returned.**

STUDENT DATA	2008 Additional Financial Information	PARENT DATA
\$	Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040-line 50 or 1040A-line 31	\$
\$	Child support <b>paid</b> because of divorce of separation or legal requirement. <b>Don't include</b> support for children in your (or your parents') household, as reported in question 96 (or question 75 for your parents).	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work Study and need-based employment portions of fellowships and assistantships.	\$
\$	Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. <b>Includes</b> AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$

**2008 Untaxed Income**

\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on W-2 Form in Boxes 12a to 12d, codes D, E, F, G, H, and S.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-total of lines 28 and 32 or 1040A-line 17	\$
\$	Child support <b>received</b> for all children. <b>Don't include</b> foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b	\$
\$	Untaxed portions of IRA Distribution from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). <b>Exclude rollovers.</b> If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). <b>Exclude rollovers.</b> If negative, enter a zero here.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)	\$
\$	Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$
\$	Any other untaxed income or benefits not reported elsewhere, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, Refugee Assistance, etc. <b>Don't include</b> student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money <b>received</b> or paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$ XXXXXXXX

If this document is returned without the signatures and dates, it will not be accepted.

Student Signature: \_\_\_\_\_ L#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2009-2010 Medical/Dental Documentation Form DEPENDENT Special Circumstance Additional Information

**This page is required only if you are appealing regarding unusual medical and/or dental expenses.**

Student's Last Name (print)

First Name

MI

Student ID #

Use this form to list the medical/dental expenses paid out of pocket during 2009 **OR** submit your and/or your parent's Schedule A Form from the 2008 Federal Tax Return. If submitting appeal **after November 1, 2009**, submit a copy of Schedule A Form from the 2009 Federal Tax Return..

**COPIES of receipts or other documentation MUST be submitted with this list of expenses.**

Photocopy this form if you need additional lines to list expenses

	Date Paid	Amount Paid	Identify and attach Payment Documentation – copy of receipt, cancelled check, payment plan etc.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			