

**2009-2010
Special Circumstances Form
DEPENDENT Student
Applicants**



4505 S. Maryland Pkwy, Campus Box 452016, Las Vegas NV 89154-2016
Fax (702) 895-1353 Phone (702) 895-3424

This Special Consideration Form can be used to report unusual circumstances which may impact your parent's ability to pay for your education. These circumstances can be conditions which have reduced their income for 2009, or extraordinary expenses that provide you with less income.

Before the Financial Aid and Scholarships (FAS) Office can review the information on this form, **you must have previously filed a 2009-2010 Free Application for Federal Student Aid (FAFSA) AND received an initial offer of financial aid from UNLV.** If you have not filed the FAFSA, complete the online form at fafsa.ed.gov.

The information provided, and resulting decision may or may not result in a change to your financial aid award and can only be considered for cost associated with attending school. Expenses for consumer goods and lifestyle choices are will not approved through this application process.

Please complete all of the required information appropriate to your circumstances. Incomplete forms will not be reviewed.

Depending on the special circumstance you present, you may be notified that additional documentation not listed in the application is needed. In order for us to review your 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 can take up to 30 days from the date a completed appeal and all supporting documentation are received. Decisions are communicated through UNLV's Rebel Mail e-mail. It is the goal of the Financial Aid and Scholarships office to have your appeal reviewed in a timely manner. However during high volume times, the office is unable to process appeals. The blackout periods for 2009-2010 are as follows:

Fall Semester:	August 10 – September 13
Spring Semester	December 28 – January 31

Instructions:

1. Complete and sign the Special Circumstances Appeal form. Indicate the circumstance(s) that best describe your situation(s).
2. Attach and submit all required documents to Financial Aid & Scholarships at the fax number or address listed above. **Submit photocopies, as no documents will be returned.** Our office is unable to provide copying services.
3. Your file must go through the verification process before the 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 and verification forms to our office, you are not required to go through a second verification. If you were not selected for verification, please do the following:
 - Submit a signed and dated copy of your and your parent(s) 2008 federal tax return(s), including any schedules filed. Also submit copies of 2008 W-2's forms from ALL 2008 employers.
 - Complete, sign, and date the Verification Forms.
4. Include your name and Student Identification Number (L#) on all submitted documents.

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Financial Aid & Scholarships
4505 Maryland Pkwy, Campus Box 452016, Las Vegas NV 89154-2016
Fax (702) 895-1353 Phone (702) 895-3424

Last Name (Please print)	First Name	MI	
<hr/>			
Student ID (L# on your Rebel Card)	Rebel Mail E-mail address		
<hr/>			
Address	City	State	Zip
<hr/>			
Telephone Number	Cell Phone Number		

Special Circumstances: Check the categories that apply to you or your family

A. Loss of income/job from work in 2008 or 2009 (you must be affected for at least 30 days before an appeal will be accepted for this circumstance).

1. Person affected: Mother/Stepmother Father/Stepfather Student (if 2008 income was greater than \$3000).
2. Date loss occurred (mm/dd/yy): _____
 - a. A letter from employer on company letterhead stating effective date of loss of income/job.
 - b. Copy of the last pay statement showing gross year-to-date income.
 - c. Documentation of any severance pay received, IRA's, stocks, bonds, pensions, etc. that have been converted to cash. If you did not receive severance, document this on the Expected Total Income and Benefits Form.
 - d. Documentation of unemployment benefits from state agency stating start and end date, weekly amount, and total amount of benefits (if applicable).
 - e. Have you started another job? No Yes
If yes, give start date (mm/dd/yy): _____
Submit a copy of your pay statement. Write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).

3. Disability beginning in 2008 or 2009

- Parent affected: Mother/Stepmother Father/Stepfather Student
- Date disability started (mm/dd/yy): _____
- Date disability ended (mm/dd/yy): _____
- 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 disability benefits you received in 2008 and 2009.

B. Reduction or loss of other taxable income and/or benefits in 2008 or 2009.

- Person Affected: Mother/Stepmother Father/Stepfather Student
1. Co-Op Program (applies only to student)
Dates of participation: from (mm/dd/yy): _____ to (mm/dd/yy): _____
 - a. Submit the last pay statement from your co-op employment.
 2. Unemployment compensation
 - a. Provide copy of letter from unemployment office stating when unemployment compensation is to end and the total amount of benefits paid in 2008 and 2009.
 3. Alimony
 - a. Provide court document stating when alimony is to end and the total amount of alimony that was received in 2008 and 2009.
 4. Other
 - a. Include both a letter explaining the situation and relevant supporting documents.

C. Loss of untaxed income and/or benefits in 2008 or 2009

Person affected: Mother/Stepmother Father/Stepfather Student

1. Social Security income

Date Social Security ended (*mm/dd/yy*): _____

a. 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 or 2009 and when the benefits will end.

4. Child Support

a. Official document or signed personal statement indicated when the child support ended and amounts received in 2008 or 2009

5. Other untaxed income and/or benefits

a. Provide document of any amounts earned in 2009.

b. Indicated all untaxed income and/or benefits that apply:

- | | |
|--|---|
| <input type="checkbox"/> Worker's compensation | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Veteran's Death Benefits | <input type="checkbox"/> Other untaxed income: |
| <input type="checkbox"/> Dependency and Indemnity Compensation (DIC) | |
| <input type="checkbox"/> Military/clergy allowances | |

D. Separation in 2008 or 2009

Date of separation (*mm/dd/yy*): _____

1. Legal separation papers or a completed Marital Separation Form which can be downloaded from the forms section of our website at <http://finaid.unlv.edu>.

E. Divorce in 2008 or 2009

Date of divorce (*mm/dd/yy*): _____

Parent in which the student will primarily reside: Mother Father

Parent that will provide the greater amount of financial support: Mother Father

1. Provide a copy of the divorce decree that specifies the effective date of the divorce, amount of alimony and/or child support, if any, and when payments are to start.

G. Death of parent in 2008 or 2009

Date of death (*mm/dd/yy*): _____

2. Submit a copy of the death certificate

3. Describe survivor benefits that are to be received include the amounts and payment terms.

H. Unusual expenses paid by you and/or your family in 2008 or 2009

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

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. Do not submit bills unless they document your payments. Include a copy of the payment agreement with the hospital or health organization, if applicable.

2. Catastrophic event in 2009

a. Submit letter explaining the situation, official report, invoices and receipts of expenses paid by your family not covered by insurance, and a statement from the insurance company of any paid or denied claims.

3. Child support paid in 2009

b. Submit cancelled checks or other proof of payments beginning in 2009.

4. Alimony paid in 2009

a. Submit cancelled checks or other proof of payments beginning in 2009.

Students who have questions regarding the Special Circumstances Appeal process are encouraged to contact a financial aid counselor prior to submitting appeal documents. FAS is open Monday-Wednesday, and Friday from 8-5p.m. and Thursday from 9-5p.m. The office is located in room 232 of the Student Services Complex (SSC) – Building A.

Completed applications can be submitted to:

UNLV Financial Aid & Scholarships Office
4505 S. Maryland Parkway, Campus Box 2016
Las Vegas, NV 89514
702-895-3424
FAX: 702-895-1353

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>Anticipated Gross Wages Earned from Work</p> <ul style="list-style-type: none"> • Include wages already earned • Provide most recent pay stubs for documentation. 	January 1, 2009 to December 31, 2009 \$ _____	January 1, 2009 to December 31, 2009 \$ _____	January 1, 2009 to December 31, 2009 \$ _____ Have you earned income from Federal Work Study (FWS)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what amount have you earned? \$ _____
<p>Other Taxable Income: <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>	January 1, 2009 to December 31, 2009 \$ _____ Identify source(s) of income: _____ _____ _____	January 1, 2009 to December 31, 2009 \$ _____ Identify source(s) of income: _____ _____ _____	January 1, 2009 to December 31, 2009 \$ _____ Identify source(s) of income: _____ _____ _____
<p>Veterans' Education Programs: <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 <i>Other</i>. Indicate the amount that you will receive.</p>			\$ _____ per month x _____ # of months = \$ _____

Certification: The information provided on this application and supporting documentation is true to the best of my knowledge. I understand that omissions or misrepresentations will invalidate consideration for special consideration. Additionally, I understand that if the circumstances that warranted the appeal request, it is my responsibility to immediately notify the Financial Aid and Scholarships Office. Failure to do so may limit my ability to be considered for future appeals. In some circumstances, students may be required to repay any aid that was awarded based on incorrect or misrepresented information.

 Student signature

 Date

 Parent Signature

 Date