

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



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

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

Do not complete this form unless you have applied for financial aid using the 2009-2010 Free Application for Federal Student Aid (FAFSA) and have received an initial offer of financial aid from UNLV.

If you have not filed the FAFSA, complete the online form as soon as possible at:
www.fafsa.ed.gov

The purpose of this 2009-2010 Special Circumstances Form is for you to explain the changes in your family's financial situation since 2008. Provide as much supporting documentation as possible.

WARNING!

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

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 is received by our office. You will then be notified through your UNLV Rebel Mail e-mail account when the review has been completed.

Return this form and supporting documentation to: UNLV Financial Aid & Scholarships, 4505 Maryland Pkwy, Campus Box 452016, Las Vegas, NV 89154-2016, fax: (702) 895-1353, SSC-A 232.

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

Instructions:

1. Make sure to check the circumstance(s) that best describe your situation(s), attach all required documents, and submit 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.**

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 spouse (if married) have already sent your 2008 federal tax return and verification forms to our office, do not send a second copy. If you were not selected for verification, follow the instructions on the rest of this form.

2. Submit a **signed** and **dated** copy of your and your spouse's (if married and filing separately) **2008 federal tax return(s)**, including any schedules filed. Also submit copies of 2008 W-2's forms from ALL 2008 employers.
3. Complete, sign, and date the **Verification Forms**.
4. Include your name and Student Identification Number (L#) on all submitted documents.

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

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Last Name (Please print) _____ First Name _____ MI _____

Student ID Number (L# on your Rebel Card) _____ Rebel Mail E-mail address _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Cell Phone Number _____

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

A. Reduction or Loss of income from work in 2008 or 2009

1. **You left the work force to return to school** ♦ Last date worked (mmddyy): _____

Documentation Required:

- a. A letter from employer on company letterhead stating effective date of separation.
- b. Copy of the last pay statement (or graduate assistantship Notice of Appointment) showing gross year-to-date income from each job worked for both you and your spouse.
- c. Include 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 Supplemental Form
- d. Documentation of Unemployment eligibility. If you did not receive unemployment, document this on the supplemental form.
- e. Have you started another job? No Yes ♦
If yes, give start date (mmddyy) _____
 - Submit a copy of your pay statement. *Write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).*

2. **Layoff/Termination** ♦ Last date worked (mmddyy): _____

Documentation Required:

You must have been unemployed for at least 10 weeks to be able to submit for this reason

- a. A letter from employer on company letterhead stating effective date of separation.
- b. A copy of the last pay statement showing gross year-to-date income from each job worked for both you and your spouse.
- c. Documentation of unemployment benefits from state agency stating start and end date, weekly amount, and total amount of benefits.
- d. Documentation of any severance pay received, IRA's, stocks, bonds, pensions, etc. converted to cash.
- e. Have you started another job? No Yes ♦ If yes, give start date (mmddyy) _____
 - Submit a copy of your pay statement.
 - *Please write pay frequency on each pay statement submitted (monthly, bi-weekly, or weekly).*

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

Date disability started (mmddyy): _____ ended (mmddyy) _____

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 disability benefits you received in 2008 and 2009.

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

- B. Reduction or loss of other taxable income and/or benefits for at least ten weeks in 2008 or 2009**
1. **Co-Op Program** ♦ Dates of participation: from (mmddyy) _____ to (mmddyy) _____. Submit the last pay statement from your co-op employment.
 2. **Unemployment compensation** ♦ 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** ♦ Provide court document stating when alimony is to end and the total amount of alimony that was received in 2008 and 2009.
 4. **Other** ♦ Include both a letter explaining the situation and relevant supporting documents.

C. 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 or 2009 and when the benefits will end.

2. **Child Support** ♦ Provide an official document or a signed personal statement indicating when the child support ended.
3. **Other untaxed income and/or benefits** ♦ (Circle all that apply). Include: Worker's 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. *Provide documentation of any amounts earned in 2009.*

- D. Separation in 2008 or 2009** Date of separation (mmddyy): _____

Documentation Required:

1. Provide a copy of your 2008 W-2 Forms.
2. Provide a copy of the legal separation papers **or** a completed Marital Separation Form which can be downloaded from the forms section of our website (<http://finaid.unlv.edu>).

- E. Divorce in 2008 or 2009** Date of divorce (mmddyy): _____

Documentation Required:

1. Provide a copy of your 2008 W-2 Forms.
2. Provide a copy of the section of your 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.

F. Temporary Separate Households in 2008 or 2009

Documentation Required:

1. Provide a written explanation of costs if you are maintaining two separate households while attending the University of Nevada, Las Vegas.
2. Include copies of both leases, mortgage payment, and/or utility bills.

- G. Death of Spouse in 2008 or 2009** Date of death (mmddyy): _____

Submit a copy of the death certificate and a copy of student's W-2 forms.

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

Documentation Required:

1. **Unusual medical or dental expenses paid out of pocket by family in 2008 or 2009**
Documentation Required _____ **11% of IPA** ???:
 - 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** ♦ Submit letter explaining the situation, official report, invoices and receipts of expenses paid by you and/or your spouse **not** covered by insurance, and a statement 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.

Expected Total Income and Benefits
January 1, 2009 - December 31, 2009
Independent Student Applicants Only!

All sources of income for 2009	Student	Spouse
<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. 	<p>January 1, 2009 to December 31, 2009</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>January 1, 2009 to December 31, 2009</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>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>	<p>January 1, 2009 to December 31, 2009</p> <p>\$ _____</p> <p>Identify source(s) of income:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>January 1, 2009 to December 31, 2009</p> <p>\$ _____</p> <p>Identify source(s) of income:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Untaxed Income or Benefits: <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>January 1, 2009 to December 31, 2009</p> <p>\$ _____</p> <p>Identify source(s) of income:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>January 1, 2009 to December 31, 2009</p> <p>\$ _____</p> <p>Identify source(s) of income:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<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>	<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 attachments are true to the best of my knowledge.

 Student signature

 Date

 Spouse signature

 Date

Submit to Financial Aid & Scholarships, Attn: Special Circumstance