

2020 - 2021 Special Circumstances Appeal Form

Change in Income

A. Student's Information --DO NOT LEAVE ANYTHING BLANK

Student Name: _____ NSHE ID: _____

PLEASE NOTE

The intention of this form is to reflect the most current and accurate income information. Review and processing of this appeal will take approximately 4-6 weeks from the date this **COMPLETED** form and all supporting documentation are received by our office. You will be notified through your MyUNLV Communication Center when the review has been completed or if additional documentation is required.

Forms received between **February 15, 2020 - December 15, 2020** will require the **2019** IRS Tax Return Transcript along with any additional 2017 income documentation. (*Certain exceptions may apply*)

Forms received between **February 15, 2021 - June 30, 2021** will require the **2020** IRS Tax Return Transcript along with any additional 2019 income documentation. (*Certain exceptions may apply*)

Important Note: Only **ONE (1) appeal may be submitted in the 2020-2021 academic year. For example, if a 2020-2021 Special Circumstances Appeal Form for Change in Income is approved in March 2020 based on 2019 tax information, another appeal will not be considered based on income changes that occurred in 2020.*

If approved, your appeal may result in retroactive recalculation of financial aid awards for both Fall 2020 and Spring 2021 based on the following:

- Enrollment in Fall 2020
- Enrollment in Spring 2021 (**Retroactive appeals submitted after the Spring 2021 semester has begun will require current enrollment in the Spring 2021 semester to be considered*)
- Status of Satisfactory Academic Progress (SAP) during the 2020-2021 school year

INSTRUCTIONS

Submit all items to UNLV Financial Aid & Scholarships (contact information provided above). Appeals should be uploaded through your Self Service Help Center. Log in with your UNLV ACE Account by clicking on the Self-Service Help Center button at unlv.edu/finaid.

Appeals submitted to UNLV Financial Aid and Scholarships will **NOT** be reviewed during the following periods of the year due to semester openings that result in a high volume of visitors to the office:

FALL SEMESTER: July 15th to September 16th

SPRING SEMESTER: December 16th to February 17th

If your 2019-2020 FAFSA was selected for verification and you and your parent(s) have already sent your 2017 Federal IRS Tax Return Transcript and Verification forms to our office, **do not send a second copy**. If not previously selected for verification for 2020-2021, submission of this form will require 2020-2021 verification to be completed.

Independent students need not complete the parent sections of this form.

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

Section C of this appeal requires a detailed letter explaining the situation. Please provide relevant information and attach supporting documents to explain the situation. The letter should include an explanation of how living expenses are currently being met based on the change in income. Please ensure that the letter is signed.

B. Certification – Initial Each Statement

By initialing each statement below and signing, I certify that:

____ I am enclosing ALL requested documents and ask that the Financial Aid Appeals Committee consider my appeal. I understand that failure to provide the documentation requested will result in denial of my appeal.

____ I understand that filing this appeal does not guarantee me that my financial aid award will change or that I will automatically receive additional aid. This appeal will be carefully reviewed by the Financial Aid Appeals Committee and if my financial aid award can be adjusted to include additional funds, I will be notified via Rebel Mail e-mail and the MyUNLV Communication Center after the entire appeal process has been completed.

____ I understand that I am REQUIRED to turn in a copy of my / my parent's ☐ 2019 ☐ 2020 federal IRS Tax Return Transcript(s).

____ I understand that my 2021-2021 FAFSA will automatically be selected for verification.

____ I understand that I am required to notify the Financial Aid and Scholarships Office of any changes to my circumstances as documented in this appeal. Failure to do so may result in cancelation and repayment of financial aid received.

____ ***I understand that my signature certifies this information is true and accurate. I understand that any discrepant information found as a result of verification will be cause for the denial, reduction and/or repayment of financial aid. I also understand that giving false or misleading information may result in fines up to \$20,000, criminal conviction, or both.***

Student's Signature: _____ Date _____

C. Attach a detailed letter explaining the situation and copies of relevant supporting documents

D. Check the items that applies(y) to your circumstance(s)

☐ A. Reduction or Loss of income from work in ☐ 2019 ☐ 2020 for:

☐ You ☐ Spouse ☐ Mother/Stepmother ☐ Father/Stepfather

1. Last date worked (mm/dd/yy): _____

2. Disability beginning in ☐ 2019 ☐ 2020

Date disability started (mm/dd/yy): _____ ended (mm/dd/yy) _____

a. Submit a signed statement from a physician indicating the start date of the disability and the expected length of time of inability to work.

b. Submit documentation of any disability benefits you received in ☐ 2019 ☐ 2020.

☐ B. Loss of untaxed income/benefits in ☐ 2019 ☐ 2020.

☐ You ☐ Spouse ☐ Mother/Stepmother ☐ Father/Stepfather

1. Social Security income ♦ Date Social Security ended (mm/dd/yy) _____

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 ☐ 2019 ☐ 2020 and when the benefits will end.

2. Child Support ♦ Submit official documentation or a signed personal statement indicating when the child support ended.

3. Other untaxed income and/or benefits ♦ Circle all that apply

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. Submit documentation of any amounts received in ☐ 2019 ☐ 2020.

E. Total Income and Benefits

Sources of income for:

☐ 2019 ☐ 2020**Father/Stepfather****Mother/Stepmother****Student****Spouse****Untaxed Income or Benefits**

- 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.

\$ _____

\$ _____

\$ _____

\$ _____

Name of source(s)
of income:Name of source(s) of
income:Name of source(s) of
income:Name of source(s) of
income:**Reminders:**☐ Did you provide a letter of explanation regarding your appeal?☐ Did you include an explanation regarding how living expenses are currently being met based on the change in income?☐ Did you provide all required documentation in support of your appeal?☐ Did you provide a copy of your ☐ 2019 ☐ 2020 Federal Tax Return Transcript, W2's, 1099's and appropriate Tax Schedules?☐ Did you provide your 2020-2021 Verification Worksheet?