



Southeastern Illinois College  
 Financial Aid Office  
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## 2015-2016 Special Circumstances Parent

Complete this form **AFTER** receiving the **2015-2016** Student Aid Report. If you have been chosen for verification, that process must be completed **BEFORE** this Special Circumstance appeal is considered. **ALL DOCUMENTATION REQUESTED** must be delivered to the address above. Failure to supply documentation will delay your appeal. Appeals are reviewed weekly. You will be notified in writing of the decision. This form **MUST** be completed, signed and dated by the student. *If submitting after December 31, 2015, submit 2015 W-2 Wage and Earning Statement or 2015 U.S. Federal Tax Return.*

### Section A- Student Information (Please print clearly)

Last Name	First Name	M.I	Student ID Number
Address			Date of Birth
City	State	Zip Code	Phone Number

### Section B- Financial Information

Number of family members in 2015-2016 (include student, student's parents, and dependents): \_\_\_\_\_

Number of family members in college at least half-time during 2015-2016 (include student): \_\_\_\_\_

- Reduction or loss of income from work in 2015:** Parent/step-parent lost his/her job or has reduced hours or salary at current employment. The decrease in income must be at least \$2,000 and at least 20% of total income to be considered. Date of termination/layoff or change income: \_\_\_\_\_  
Provide appropriate documentation:
- Documentation of change in employment from employer(s) on company letterhead specifically stating the date of termination/layoff.
  - All final pay stubs and most recent pay stubs from any current employment for both parents.
  - Documentation of maximum unemployment benefits received/to be received.
  - Proof of severance pay received, 401k, IRA, stocks/bonds, pensions, or other assets converted to cash.
  - Recent check stub, disability verification, or other documentation to support loss of income.
- Reduction or loss of other taxable income/benefits in 2015:** Parent/step-parent has experienced loss in unemployment benefits, alimony, or other taxed income. The decrease in income must be at least \$2,000 and at least 20% of total income to be considered.  
Provide appropriate documentation:
- Proof of the amount and type of income lost.
  - A copy of the current pay statement showing gross year to date wages from each job worked for both parents.
- Reduction or loss of untaxed income/benefits in 2015:** Parent/step-parent has experienced loss in child support, veteran's noneducation benefits, workers compensation, or other untaxed income.  
Provide appropriate documentation:
- Submit proof of the amount and type of untaxed income lost.
  - Provide a copy of the current pay statement showing gross year to date wages from each job worked for both parents.



## Section D- Expected Total Income and Benefits Table

Please report the household's projected taxable and untaxed income for 2015, including business income, rental income, pension, 401k/IRA distributions, social security, disability, child support, spousal support, and all other types of income. Answer each line with the gross amount or "zero" if it does not apply. *This form will not be processed if incomplete.*

TAXABLE INCOME FROM WAGES January 1, 2015-December 31, 2015	FATHER	MOTHER	STUDENT
Gross wages earned today's date			
Estimate anticipated wages			
<b>OTHER TAXABLE INCOME</b>			
Unemployment Compensation			
Severance, Paid Time Off, or Vacation Pay out (not included in gross wages)			
Social Security Income			
Taxable Disability Income			
Taxable Pension			
Interest/Dividend Income			
Business Income, Rents, Royalties, and/or Annuities			
Maintenance/support from spouse (if separation/divorce)			
Taxable income from 401k disbursements or other existing assets			
Other taxable income (survivor benefits, lump sum payment, etc.)			
<b>TYPES OF UNTAXED INCOME</b>			
Workers Compensation			
Child support Received for all members of your household			
Housing allowance for military or clergy			
Untaxed pension			
Untaxed disability income			
Other untaxed income			
<b>TOTAL 2015 INCOME FROM ALL SOURCES</b>			

## Section E- Signatures

I certify the information on this Special Circumstances Form and documentation are true, accurate, and complete to the best of my knowledge. I understand my appeal will not be considered until all supporting documentation is provided.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date