

parents.

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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 Zip Code State **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

	<ul> <li>Separation or Divorce in 2014 or 2015: Student has already applied for financial aid, but since that time, the student's parents have separated or divorced. Date of separation or divorce: <a href="Provide appropriate documentation:">Provide appropriate documentation:</a></li> <li>A copy of the court order or if separated, provide utility bills or other acceptable mail from both parents showing different addresses.</li> <li>Proof of spousal support and/or child support received and/or anticipated in 2014.</li> </ul>
	<ul> <li>Death of Parent (if dependent) in 2015: Student has already applied for financial aid, but since that time, the student's parent has deceased.    Mother/step-mother: Date of loss:</li></ul>
	<ul> <li>Medical or dental expenses in 2014: Parent/step-parent paid for medical or dental expenses not covered by insurance that exceed 12% of total income.</li> <li>Provide appropriate documentation:         <ul> <li>A copy of Schedule A of Federal 2014 tax returns or copies of cancelled checks for 2014 and confirmation of total amount paid by insurance in 2014.</li> </ul> </li> </ul>
Sec	Other catastrophic event in 2014 or 2015 not covered by this form.  Provide appropriate documentation:  Official reports, invoices, and receipts of expenses paid by the family not covered by insurance.  A copy of the statement(s) from the insurance company of any paid or denied claims.

## **Section D- Expected Total Income and Benefits Table**

Student's signature

Parent's signature

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					
OTHER TAXABLE INCOME					
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.)					
TYPES OF UNTAXED INCOME					
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					
TOTAL 2015 INCOME FROM ALL SOURCES					
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.					

Date

Date