



Southeastern Illinois College
 Financial Aid Office
 3575 College Rd.
 Harrisburg, IL 62946
 Phone: (618) 252-5400
 Fax: (618) 252-3062
 Email: fao@sic.edu

2016-2017
 Special Circumstances
 Parent

Complete this form **AFTER** receiving the **2016-2017** 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, 2016, submit 2016 W-2 Wage and 2016 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 2016-2017 (include student, student’s parents, and dependents): _____

Number of family members in college at least half-time during 2016-2017 (include student): _____

- Reduction or loss of income from work in 2016:** 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 2016:** 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 2016:** 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 2016, 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, 2016-December 31, 2016	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 2016 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.

Student's signature

Date

Parent's signature

Date