



Southeastern Illinois College  
 Financial Aid Office  
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## 2017-2018 Special Circumstances Student

Complete this form **AFTER** receiving the **2017-2018** 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 2017-2018 (include student, student's spouse, and dependents): \_\_\_\_\_

Number of family members in college at least half-time during 2017-2018 (include student): \_\_\_\_\_

- Reduction or loss of income from work in 2016:** Student (or spouse) 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 student and spouse.
  - 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:** Student (or spouse) 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 student and spouse (if applicable).
  
- Reduction or loss of untaxed income/benefits in 2016:** Student (or spouse) 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 student and spouse (if applicable).



## Section D- Expected Total Income and Benefits Table

Please report your and your 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, 2015-December 31, 2016	STUDENT	SPOUSE (IF APPLICABLE)
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 2016 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 signature

\_\_\_\_\_  
Date