

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

2024-2025 Special Circumstances Parent

Complete this form **AFTER** receiving the **2024-2025** 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, 2024, submit 2024 W-2 Wage and 2024 U.S. Federal Tax Return.**

Email: fao@sic.edu

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 1	B- Financial Information					
Number of fa	amily members in 2024-2025 (include student, s	student's parents, and do	ependents):			
or salar be cons Provide Doc tern All Doc Pro	tion or loss of income from work in 2023 or 20 may at current employment. The decrease in income sidered. Date of termination/layoff or change incest appropriate documentation: cumentation of change in employment from employment in a pay stubs and most recent pay stubs from a cumentation of maximum unemployment benefit of of severance pay received, 401k, IRA, stocks cent check stub, disability verification, or other decrease.	ne must be at least \$2,00 come:	on and at least 20% of total income to tterhead specifically stating the date of t for both parents. ed. her assets converted to cash.			
unemp 20% of <u>Provide</u> • Pro	Reduction or loss of other taxable income/benefits in 2023 or 2024: 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.					
suppor <u>Provide</u> • Sub • Pro	tion or loss of untaxed income/benefits in 202at, veteran's noneducation benefits, workers compete appropriate documentation: omit proof of the amount and type of untaxed incovide a copy of the current pay statement showing tents.	pensation, or other unta	xed income.			

	Separation or Divorce in 2022 or 2023 or 2024: Student has already applied for financial aid, but since that time the student's parents have separated or divorced. Date of separation or divorce:
	Provide appropriate documentation:
	 A copy of the court order or if separated, provide utility bills or other acceptable mail from both parents showing different addresses.
	 Proof of spousal support and/or child support received and/or anticipated in 2020 or 2022.
	Death of Parent (if dependent) in 2023 or 2024: Student has already applied for financial aid, but since that time the student's parent has deceased.
	☐ Mother/step-mother: Date of loss:
	☐ Father/step-father: Date of loss:
	 Provide appropriate documentation: A copy of the death certificate or obituary.
	• 2023 income information for deceased, including a copy of the last pay statement showing gross year-to-date wages from each job worked.
	 Surviving parent's 2023 income information, including a copy of the current pay statement from each job. A copy of life insurance and/or survivor benefits.
_	Medical or dental expenses in 2023: Parent/step-parent paid for medical or dental expenses not covered by insurance that exceed 12% of total income.
	 Provide appropriate documentation: A copy of Schedule A of Federal 2023 tax returns or copies of cancelled checks for 2023 and confirmation of total amount paid by insurance in 2023.
	total amount para by mistrance in 2025.
_	0.7
1	Other catastrophic event in 2022, 2023 or 2024 not covered by this form. Provide appropriate documentation:
_	Other catastrophic event in 2022, 2023 or 2024 not covered by this form. Provide appropriate documentation: Official reports, invoices, and receipts of expenses paid by the family not covered by insurance.
_	 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.
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Section D- Expected Total Income and Benefits Table

Parent's signature

Please report the household's projected taxable and untaxed income for 2024, 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	FATHER	MOTHER	STUDENT			
January 1, 2024-December 31, 2024 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 2024 INCOME FROM ALL SOURCES						
Section E- Signatures						
I certify the information on this Special Circumstances Form and documents of my knowledge. I understand my appeal will not be considered to						
Student's signature	 -	Date				

Date