

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

# 2025-2026 Special Circumstances Student

Complete this form **AFTER** receiving the **2025-2026** 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, 2025, submit 2025 W-2 Wage and 2025 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 2025-2026 (include student, student's spouse, and dependents):

Number of family members in college at least half-time during 2025-2026 (include student):

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 2024 or 2025: 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 2024 or 2025: 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).

- - A copy of the court order or if separated, provide utility bills or other acceptable mail from student and spouse showing different addresses.
  - Proof of spousal support and/or child support received and/or anticipated in 2025.
- Death of Spouse or Parent (if dependent) in 2024 or 2025: Student has already applied for financial aid, but since that time, the student's parent or spouse has deceased.

Provide appropriate documentation:

- A copy of the death certificate or obituary.
- A copy of the current pay statement showing gross year to date wages from each job worked for student.
- A copy of life insurance and/or survivor benefits.
- □ Medical or dental expenses in 2024: Student (or spouse) 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 2024 and confirmation of total amount paid by insurance in 2024.
- □ Other catastrophic event in 2023, 2024 or 2025 not covered by this form. <u>Provide appropriate documentation:</u>
  - 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 C- Additional Information (Attach documentation to support your claim)

## Section D- Expected Total Income and Benefits Table

Please report your and your household's projected taxable and untaxed income for 2025, 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   | STUDENT | SPOUSE (IF  |
|---|---------|-------------|
| January 1, 2025-December 31, 2025   |         | APPLICABLE) |
| 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 2025 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 signature