Southeastern Illinois College
Financial Aid Office
3575 College Rd.
Harrisburg, IL 62946
Phone: (618) 252-5400
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2026-2027 Special Circumstances Student

Complete this form **AFTER** receiving the **2026-2027** 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, 2026, submit 2026 W-2 Wage and 2026 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 2026-2027 (include student, student's spouse, and dependents):_____

Number of family members in college at least half-time during 2026-2027 (include student):_____

☐ **Reduction or loss of income from work in 2025 or 2026:** 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 2025 or 2026:** 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 2025 or 2026:** 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).

☐ **Separation or Divorce in 2024 or 2025 or 2026:** Student has already applied for financial aid, but since that time, the student and spouse 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 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 2025 or 2026:** 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 2025:** 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 2024, 2025 or 2026 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 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 2026, 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, 2026-December 31, 2026	STUDENT	SPOUSE (IF 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 2026 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 Date