

2020-2021 Request for Special Circumstances Form

Student Name: _____ **Student SCC ID:** _____

The purpose of this form is to assist you in requesting a review of your financial aid eligibility due to changes in circumstances not addressed on your original financial aid application (FAFSA). **Requests made on or after January 1, 2021 will be required to submit 2020 tax information and will not be reviewed until this information is received.** *One Special Circumstance will be processed per award year and no requests for a given award year will be accepted after the end of that award year.*

Due to data security guidelines, all forms must be submitted to our office using one of the following methods: in person, faxed, mailed through U.S. Postal Service, or electronically using our secure drop box at <https://uploads.southeast.edu/financialaid>. We cannot accept emailed forms.

NOTE: Examples of **ineligible** special circumstances include:

- Student or parents do not wish to borrow to cover for educational expenses
- Expenses such as credit card debt, wedding expenses, and other personal debt incurred
- Parent(s) of undergraduate students refusing to contribute to educational expenses
- Parent(s) payment of student loans for a sibling
- Parent(s) attending college

This request does not guarantee that you will be eligible for additional financial aid. In many cases adjustments made to your FAFSA, due to special circumstances, do not result in significant changes to your family's EFC and therefore, will not change your financial aid package. *Please be aware that if you filed your 2020-21 FAFSA and received an EFC = ZERO (0), you've already received the maximum in federal aid. Submitting this appeal will not result in a change to your financial aid award.*

REQUIRED DOCUMENTATION: *Incomplete or inadequately documented forms will not be processed.*

- ❖ Signed copy of your (and spouse's if applicable) 2019 Tax Return and W-2's
- ❖ Signed copy of your parent(s) (if dependent) 2019 Tax Return and W-2's
- ❖ If you and/or your parent(s) (if dependent) did not file AND are not required to file a 2019 tax return, please mark the appropriate box. If you and your parent(s) did not file but received a W-2, provide a copy.

Student Non-Tax Filer

Parent Non-Tax Filer

If you are an independent student who was not required to file taxes, please provide explanation on how you support yourself. If you are a dependent student and your parent(s) did not file taxes, your parent(s) must provide an explanation on how they are able to support your family.

• **List The Following Information Below:**

- **Independent Students:** Include you, your spouse and children living in your household
- **Dependent Students:** Include your parent(s) even if you do not live with your parent(s), and siblings who are also dependents of your parents (they provide more than half of their support) and any other members of the household your parents support.

Full Name	Age	Relationship to you	Name & State of College Attending
		Self	Southeast Community College

Use this space to describe your unusual circumstances in more detail. Attach an additional page if more space is necessary.

Certification Statement

All of the information provided by the undersigned is true and complete to the best of my/our knowledge. If asked by an authorized official, I/we agree to give proof of the information provided on this form. I/we realize that underestimating projected income could result in reduced eligibility, repayment of aid or both. I/we further understand that purposely giving false or misleading information to obtain student financial aid may subject me/us to fines or other penalties.

Everyone who has provided information on this form must sign below. The student (and at least one parent, if parental information is given) must sign below or this form will be returned unprocessed.

- I have answered all questions that apply to my circumstance(s).
- I have attached copies of all documentation requested.

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____
(if married)

Parent Signature: _____ Date: _____
(if parental information given)

Parent email: _____

Parent Phone Number: _____

Please indicate the circumstances below and provide the documentation required for review:

<input type="checkbox"/>	Loss of Employment (which reduced family income in 2019; if for 2020, complete page 4 projected income statement)	<ul style="list-style-type: none"> • Copies of all pay stubs for 2019 • Severance Statement if Applicable • Copy of Unemployment Benefits • If person has returned to work, copy of recent pay stub and date of hire • Projected Income Statement (attached)
<input type="checkbox"/>	One-Time Non-Recurring Income	<ul style="list-style-type: none"> • Give source and amount of income • Documentation of what funds were used for • Copy of 1099 or of IRA/Retirement distribution
<input type="checkbox"/>	Death of Spouse or Parent	<ul style="list-style-type: none"> • Copy of Death Certificate or obituary
<input type="checkbox"/>	Divorce or Separation	<ul style="list-style-type: none"> • Copy of Divorce Decree or Separation Agreement (if neither is available, attach a written and signed statement indicating separation and effective date)
<input type="checkbox"/>	Unusual Medical and/or Dental Expenses (Paid out of Pocket)	<ul style="list-style-type: none"> • Provide explanation of the healthcare expenses incurred • Attach a copy of 1040 Schedule A

Projected Income Statement for 2020:

(to be completed only if Loss of Income has been checked)

Documents REQUIRED to support Reported Income (forms submitted without supporting documentation will not be considered).

Estimated Taxable Income	2020
Estimated Student (& spouse) taxable wages on tax return	\$
Estimated Father/Stepfather's taxable wages on tax return	\$
Estimated Mother/Stepmother's taxable wages on tax return	\$
Estimated interest and dividends	\$
Estimated Net Income from business, farm, rents, royalties, partnerships, estates, trusts or other gains	\$
Estimated Other Taxable Income such as alimony, severance pay, capital gains	\$
Estimated IRA/Pension: (total: _____ rollover: _____)	\$
Estimated Unemployment Compensation	\$
Other (source: _____)	\$
TOTAL INCOME:	\$

Estimated Untaxed Income	2020
Estimated Pre-Tax pension contributions (difference between "Medicare Wages" and "Taxable Wages" on W-2)	\$
Estimated Deductible IRA, SEP, SIMPLE, Keogh Payments	\$
Estimated Tax-Exempt Interest	\$
Estimated Worker's Compensation	\$
Estimated Child Support Received for all Children	\$
Estimated Social Security Benefits (for all Family Members)	\$
Estimated Other (source: _____)	\$
TOTAL INCOME:	\$