

Office of Financial Aid 8800 O Street Lincoln, NE, 68520 Ph. 402-437-2610 Fax 402-437-2402 financialaid@southeast.edu

SCC Student ID#:

2022-2023 Request for Special Circumstances Form

The purpose of this form is to assist you in requesting a review of your financial aid eligibility due to unusual
circumstances not addressed on your original FAFSA. One Special Circumstance review will be processed per award year
and no requests can be made after the academic year ends. Requests submitted (or reviewed) on or after January 1, 2023
will be required to submit completed 2022 tax return information. To be eligible for a Special Circumstance review and or
adjustment, a student must be admitted to an eligible degree program, have completed a current 2022/23-year FAFSA, and
registered for courses. This application process does not guarantee you will be eligible for additional financial aid.

Examples of Special Circumstances **eligible** for review:

Student Name:

- Involuntary employment status change: termination, furlough, dislocated, natural disasters, Covid-19, etc.
- Change in family income due to an extenuating circumstance
- Death, separation or divorce of parent(s) or spouse
- Significant medical, dental, nursing home expenses paid out of pocket (not covered by insurance)

Examples of ineligible Special Circumstances include:

- If your current FAFSA already has a O(zero)EFC score
- Student or parent unwillingness to use federal student loans options available to them
- Parent(s) of undergraduate student refusing to contribute to educational expenses
- Excessive personal expenses such as credit card debt, car/home purchase, and lifestyle choices
- Other expenses not related to the cost of attendance of completing degree/diploma
- If all costs of attendance for completing degree/diploma are funded by 3rd party

Complete Steps 1-5:

1. Report your Household Size

- Independent Students: Include you, your spouse and children living in your household.
- Dependent Students: Include you, your parent(s), even if you do not live with them, siblings who are also dependents of your parents, and any other members of the household that parents are financially supporting (providing more than half their support) from July 1, 2022 to June 30,2023.

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

2. Select the circumstance(s) below and provide the listed documentation for review:

Unique Circumstance for	Documents required to submit for review (insufficient documentation may		
Consideration	result in denial of application)		
	Independent Students:		
A significant change of	☐ Signed copy of your (and spouse's, if married) 2021 Federal Tax Return		
income in 2021 compared	and any Schedules (1, 2, 3, C, F, K1)		
to 2020 income	□ Copy of your (and spouse's, if married) 2021 W-2(s)		
	☐ Employer or severance letter verifying last date of employment		
	☐ If you did not and are not required to file taxes please check here:		
	☐ If your spouse was not required to file taxes please check here:		
Or	\square If you are not required to file taxes, provide signed and dated explanation on		
	separate page of how you support yourself and household		
	Dependent Students:		
Loss of employment	☐ Signed copy of Parent(s) 2021 Federal Tax Return and Schedules (1, 2, 3, C, F, K1)		
that reduced family	☐ Signed copy of Student 2021 Federal Tax Return and Schedules (1, 2, 3, C, F, K1)		
income in 2021	Copy of 2021 W-2(s) for parent(s)		
	☐ Copy of 2021 W-2(s) for student		
	☐ Employer or severance letter verifying last date of employment		
	☐ If parent(s) did not file and are not required to file taxes		
	please check here:		
	If student did not file and is not required to file taxes places check here:		
	please check here: If parent(s) are not required to file taxes, provide a signed and dated		
	explanation on separate page of how they are able to support the family		
A significant change of	□ Copies of all student pay stubs for 2022 year-to-date□ Copies of all parent(s) pay stubs for 2022 year-to-date		
income in 2022			
Or	 □ Unemployment Benefit Statement for 2022 year-to-date for all payments □ Employer or severance letter verifying last date of employment 		
	☐ If returned to work, copy of recent pay stub(s) and date of hire		
Loss of employment	□ Complete "Projected Income Statement for 2022" on page 4		
that reduces family income in 2022	Complete Trojected meome statement for 2022 on page 4		
income in 2022			
One Time Non Recurring	□ Documentation of source and amount of income		
One-Time, Non-Recurring Income	□ Documentation of what funds were used for		
liicome	☐ Copy of 1099 or IRA/Retirement distribution		
	☐ Signed copy Federal 1040 Return of year occurred (2021 or 2022)		
Dooth of Spause or Parent	□ Copy of Death Certificate or obituary		
Death of Spouse or Parent	☐ Signed copy of 2021 and/or 2022 Federal 1040 Return		
	□ Copy of 2021 and/or 2022 W-2(s)		
	☐ Divorce Decree or Separation Agreement (if neither is available, attach a		
	signed statement indicating separation effective date and reason)		
Divorce or Separation	☐ Proof of separate residences (court docket, lease, utilities, etc.)		
	☐ Signed copy of Federal 1040 Return and Schedules (1, 2, 3, C, F, K1)		
	☐ W-2s from relevant year of separation/divorce		
	☐ Provide explanation of the healthcare expenses incurred		
Unusual medical, dental,	☐ Billing statements, proof of out-of-pocket payments, receipts		
nursing home costs (paid	☐ Insurance documentation demonstrating non-covered expenses		
out-of-pocket & not	☐ Federal 1040 Return with Schedule A for itemized medical deductions		
covered by insurance)	☐ Medical providers statement of medical necessity		
	- Medical providers statement of incurcal necessity		

3.	On this page (or se	parate page), p	provide a signed	l and dated s	tatement that	explains your unique
						family's circumstance
				circumstance i	impacts student	's or family's ability to
	contribute towards the	ne cost of educat	tion.			
Si	gnature:			Date:		

4. If you selected "A significant change of income or loss of employment for 2022" (on page 2), then complete the projected income statement below, otherwise, skip to item 5. Place zeros or "NA" on lines that would otherwise be blank. Supporting documentation is required for all current year-to-date income including all paystubs, unemployment benefit statements, recurring retirement distributions, etc.

Projected Income Statement for 2022		
Estimated Taxable Income to be reported on Federal Tax Return	2022	
Estimated Student (& spouse, if married) taxable wages	\$	
Estimated Father/Stepfather's taxable wages	\$	
Estimated Mother/Stepmother's taxable wages	\$	
Estimated interest and dividends	\$	
Estimated Net Income from business, farm, rental properties, 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	\$	
Estimated Other Taxable Income (source:)	\$	
TOTAL TAXABLE INCOME	\$	

Estimated Untaxed Income	2022
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 Untaxable Income (source:)	\$
TOTAL UNTAXED INCOME:	\$

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 Federal Student Aid may subject me/us to investigation by the FSA Office of Inspector General. Please review each item below verifying you have submitted the following requirements:

I/we have reported a circumstance(s).

I/we have provided a detailed statement explaining circumstance(s).

I/we have attached all required documentation for the reported circumstance(s).

Requests that do not include required documentation will be considered incomplete. If application remains incomplete after attempts have been made to collect additional information, the application will be denied for the academic year.

Everyone who has provided information on this form must sign and date below. The student and at least one parent (for dependent students) must sign below or the application may be denied.

A "wet" signature is required, electronic signatures will NOT be accepted on the application.

Date:
Date:
Date:
Date:

Due to data security guidelines, all documentation must be submitted to our office using one of the following methods: in person to any campus financial aid office; faxed to 402-437-2402; mailed through U.S. Postal Service to: SCC-Financial Aid Office, 8800 "O" Street, Lincoln, NE 68520; or electronically using our secure drop box at https://uploads.southeast.edu/financialaid. <u>Do not send sensitive documentation by email, it may not be secure.</u>