

2023-2024 Request for Special Circumstances Form

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

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, 2024 will be required to submit completed 2023 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 2023/24-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:

- 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 0(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, 2023 to June 30, 2024.

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 Consideration	Documents required to submit for review (<i>insufficient documentation may result in denial of application</i>)
<input type="checkbox"/>	A significant change of income in 2022 compared to 2021 income	Independent Students: <ul style="list-style-type: none"> <input type="checkbox"/> Signed copy of your (and spouse's, if married) 2022 Federal Tax Return and any Schedules (1, 2, 3, C, F, K1) <input type="checkbox"/> Copy of your (and spouse's, if married) 2022 W-2(s) <input type="checkbox"/> Employer or severance letter verifying last date of employment <input type="checkbox"/> If you did not and are not required to file taxes please check here: _____ <input type="checkbox"/> If your spouse was not required to file taxes please check here: _____ <input type="checkbox"/> If you are not required to file taxes, provide signed and dated explanation on separate page of how you support yourself and household
<input type="checkbox"/>	Or Loss of employment that reduced family income in 2022	Dependent Students: <ul style="list-style-type: none"> <input type="checkbox"/> Signed copy of Parent(s) 2022 Federal Tax Return and Schedules (1, 2, 3, C, F, K1) <input type="checkbox"/> Signed copy of Student 2022 Federal Tax Return and Schedules (1, 2, 3, C, F, K1) <input type="checkbox"/> Copy of 2022 W-2(s) for parent(s) <input type="checkbox"/> Copy of 2022 W-2(s) for student <input type="checkbox"/> Employer or severance letter verifying last date of employment <input type="checkbox"/> If parent(s) did not file and are not required to file taxes please check here: _____ <input type="checkbox"/> If student did not file and is not required to file taxes please check here: _____ <input type="checkbox"/> 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
<input type="checkbox"/> <input type="checkbox"/>	A significant change of income in 2023 Or Loss of employment that reduces family income in 2023	<ul style="list-style-type: none"> <input type="checkbox"/> Copies of all student pay stubs for 2023 year-to-date <input type="checkbox"/> Copies of all parent(s) pay stubs for 2023 year-to-date <input type="checkbox"/> Unemployment Benefit Statement for 2023 year-to-date for all payments <input type="checkbox"/> Employer or severance letter verifying last date of employment <input type="checkbox"/> If returned to work, copy of recent pay stub(s) and date of hire <input type="checkbox"/> <u>Complete "Projected Income Statement for 2023" on page 4</u>
<input type="checkbox"/>	One-Time, Non-Recurring Income	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of source and amount of income <input type="checkbox"/> Documentation of what funds were used for <input type="checkbox"/> Copy of 1099 or IRA/Retirement distribution <input type="checkbox"/> Signed copy Federal 1040 Return of year occurred (2022 or 2023)
<input type="checkbox"/>	Death of Spouse or Parent	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of Death Certificate or obituary <input type="checkbox"/> Signed copy of 2022 and/or 2023 Federal 1040 Return <input type="checkbox"/> Copy of 2022 and/or 2023 W-2(s)
<input type="checkbox"/>	Divorce or Separation	<ul style="list-style-type: none"> <input type="checkbox"/> Divorce Decree or Separation Agreement (if neither is available, attach a signed statement indicating separation effective date and reason) <input type="checkbox"/> Proof of separate residences (court docket, lease, utilities, etc.) <input type="checkbox"/> Signed copy of Federal 1040 Return and Schedules (1, 2, 3, C, F, K1) <input type="checkbox"/> W-2s from relevant year of separation/divorce (2021, 2022, 2023)
<input type="checkbox"/>	Unusual medical, dental, nursing home costs (paid out-of-pocket & not covered by insurance)	<ul style="list-style-type: none"> <input type="checkbox"/> Provide explanation of the healthcare expenses incurred <input type="checkbox"/> Billing statements, proof of out-of-pocket payments, receipts <input type="checkbox"/> Insurance documentation demonstrating non-covered expenses <input type="checkbox"/> Federal 1040 Return with Schedule A for itemized medical deductions <input type="checkbox"/> Medical providers statement of medical necessity

3. On this page (or separate page), provide a **signed and dated statement** that explains your unique circumstance(s) in detail. 1.) The statement should detail how the student's or family's circumstance changed from 2021. 2.) And explain how or why the circumstance impacts student's or family's ability to contribute towards the cost of education.

Signature: _____

Date: _____

4. If you selected “A significant change of income or loss of employment for 2023” (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 2023	
Estimated Taxable Income to be reported on Federal Tax Return	2023
Estimated Student (& spouse, if married) taxable wages	\$
Estimated Father/Stepfather’s taxable wages (for dependent students)	\$
Estimated Mother/Stepmother’s taxable wages (for dependent students)	\$
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	2023
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:	\$

5. Sign the Certification Statement

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.

Independent Student:

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

(If student is married)

Dependent Student:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Email: _____

Parent Phone Number: _____

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>. Do not send sensitive documentation by email, it may not be secure.