



SOUTH
SUBURBAN
COLLEGE
Office of
FINANCIAL AID

SOUTH SUBURBAN COLLEGE FINANCIAL AID OFFICE
15800 S. State Street
South Holland, IL 60473
Office: (708) 596-2000, ext. 5780

OFFICE USE ONLY

SPECIAL CIRCUMSTANCES APPEAL 2017-2018

Last Name: _____ First Name: _____ SSC ID: _____

Federal Regulations allow South Suburban College to review unusual circumstances on a case-by-case basis, and allow limited adjustments to be made to the original financial data reported on the FAFSA. This form is used for reporting significant changes that have occurred. If the financial aid administrator determines that an appeal is not appropriate, the decision cannot be appealed (i.e. If your EFC from the FAFSA is "0") **Changes resulting from this review does not guarantee an increase in financial aid. Please write student name and id on all documentation.**

Check the family member that experienced the unusual circumstance:

☐ Student/ Student's Spouse ☐ Father/Step-father ☐ Mother/Step-mother

Each Special Circumstances Appeal must include the following information for consideration:

- A copy of all 2015 W-2 income statements, as well as tax information described in the following sentences. Submit a signed copy of your and/or your spouse's/parent(s)' (if applicable) 2015 Federal Tax Return Transcript (if filed). If this request is being submitted after January 1, 2017, submit 2016 Federal Tax Return Transcript and all 2016 W-2(s);
- Written or typed statement explaining your situation
- Complete this form, sign and dated by student (spouse if married) or parent

Please check the applicable section(s) below, and attach the required documentation

REASON	REQUIRED DOCUMENTATION
<input type="checkbox"/> Loss of job or change in employment Note: Loss cannot be voluntary	<ul style="list-style-type: none">• Letter of notification from employer concerning job loss, termination, lay-off or work reduction• Copy of last (most recent) pay stub from each employer in 2016 and/or 2017• Award letter from unemployment stating weekly benefit amount• Is there a severance package?<ul style="list-style-type: none"><input type="checkbox"/> Yes provide documentation and amount<input type="checkbox"/> No, provide letter from employer indication severance package not provided• Provide estimated income information on page 2
<input type="checkbox"/> Divorce or Separation (Only if you have done so since you filed the 2017-2018 FAFSA or if you filed a joint 2015 and 2016 tax return)	<ul style="list-style-type: none">• Attach copy of divorce decree, separation• Attach copy of 2015 and 2016 IRS Tax Return Transcript and W-2(s)• Provide estimated income on page 2
<input type="checkbox"/> Death of spouse or parent	<ul style="list-style-type: none">• Attach copy of death certificate(or obituary notice)• Are there survivor's benefits (social security, life insurance?)<ul style="list-style-type: none"><input type="checkbox"/> Yes provide documentation and amount<input type="checkbox"/> No, provide letter indicating no benefits were received

<input type="checkbox"/> Reduction or Loss of untaxed income and/or benefits (Is your income less than what was reported on your 2015 Tax Return?)	<input type="checkbox"/> Unemployment Benefits: <ul style="list-style-type: none"> • Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received <input type="checkbox"/> Child Support <ul style="list-style-type: none"> • Attach a copy of court or child support agency documents stating benefit ending amount <input type="checkbox"/> Social Security <ul style="list-style-type: none"> • Attach a copy of the notification you received concerning your loss of social security income benefit end date • Provide estimated income on page 2
<input type="checkbox"/> One-time disbursement of income	<ul style="list-style-type: none"> • Submit copy of 2015 or 2016 IRS transcript showing the amount of the one-time disbursement • Provide estimated income on page 2
<input type="checkbox"/> Unusually High Medical or Dental Expenses may only be considered if the expenses were required by a physician (not elective healthcare) & if they exceed 11% of the family's 2015 & 2016 AGI	<input type="checkbox"/> Medical or <input type="checkbox"/> Dental <ul style="list-style-type: none"> • Attach a copy of the Schedule A from the 2015 or 2016 Federal Income Tax • Copies of paid medical/prescription receipts through 2015 and 2016 not paid by insurance
<input type="checkbox"/> Other: Please specify _____	<ul style="list-style-type: none"> • Attach supporting documentation from the resource, describing the benefit, dates received, the reason it is no longer available, the ending date and monthly amount received

ESTIMATED INCOME INFORMATION: Provide estimates of all income that is expected to be received by your household for the 2017 calendar year. If a dependent students, mother and father or independent student and spouse are both employed or have other sources of income. Please complete both columns.

	Student	Spouse(if married)	Parent 1	Parent 2
2017 Income from Work	\$	\$	\$	\$
2017 Unemployment Benefits	\$	\$	\$	\$
2017 Social Security Benefits	\$	\$	\$	\$
2017 Disability Income (Non SSI)	\$	\$	\$	\$
2017 Workers Compensation	\$	\$	\$	\$
2017 Cash support(from friends/relatives)	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$

I/We certify that all information on this form is true, complete and accurate. Upon request, I agree to provide additional proof of the information reported on this form. Warning: If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student (and/or Spouse) Signature

Parent Signature (If dependent)

Date

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Special Circumstance: ☐ Approved ☐ Denied FAA: _____ Date _____