



SOUTH
SUBURBAN
COLLEGE

Office of
Financial Aid

Appeal for Special Circumstances

2016-2017

Name of Student: _____ ID: _____

The Financial Aid Office at South Suburban College requires that you write a brief paragraph explaining why you feel your situation warrants a re-evaluation of your information for Federal Student Aid. You must also supply supporting documentation to your claim, and complete this application thoroughly.

Write a statement and attach it to this form, explaining the circumstances of your situation. You must give dates to substantiate your information as well as return the proper forms that are related your situation. You will be required to furnish your 2015 tax transcript, verification documents and this form.

Estimate your resources as accurately as possible to avoid incorrect information that will need to be corrected later. A reversal of the special condition may result in the student owing money back to the college. You will be required to submit your 2015 tax transcript after filing.

DOCUMENTATION NEEDED

- A Loss of job or change in employment
 1. 2015 tax form and income worksheet (attached)
 2. Name address and phone number of previous employer
 3. Reason for loss of employment
 4. Check stub show earning to date
 5. Verification of unemployment or proof of non-eligibility
 6. Verification of disability and benefits

- B Death of a spouse or parent
 1. Copy of death certificate
 2. How income for 2015 will be affected
 3. Benefits received 2015 (including insurance and/or lump sums)
 4. 2015 tax forms

- C Divorce or separation of student or parent
 1. Copy of separation/divorce decree, or a statement from a lawyer showing the date of separation/divorce
 2. Income to be received in 2015
 3. 2015 tax form (including W-2's)

- D Unusual Medical or Dental expenses
 1. Documentation of any bills NOT covered or reimbursed in insurance
 2. 2015 1040 Schedule A

- E Other
 1. 2015 tax forms

2. Non-reoccurring income or onetime payment

BUDGET FOR 2016-2017

Income for work	\$ _____
Unemployment Compensation	\$ _____
Disability Income	\$ _____
Social Security	\$ _____
Help from family/friend	\$ _____
Public Aid	\$ _____
Other Income	\$ _____

I certify that the above information is correct to be best of my knowledge and I will notify the FA Office if there are any changes to my circumstances. I further understand that a special condition is a onetime right and I cannot receive another special condition next year except in the most unusual of circumstances.

Signature of Student

Date

Signature of Parent

Date