SOUTH SUBURBAN COLLEGE

Special Circumstances Appeal 2026-2027

Revised 04/22/26

Office of Financial Aid • 15800 S. State St. South Holland, IL 60473 • (708) 596-2000, ext. 5780

Student's Name: _____ SSC ID: _____

Complete this form to report changes that have occurred since filing your 2026-27 FAFSA. If clarification of your situation is necessary, additional information or documentation may be requested. **You must provide all requested documentation that is applicable.** Failure to support your circumstances with evidence will result in your appeal being denied. **Submission of this appeal doesn't guarantee a favorable change in your financial aid eligibility. INCOME MUST HAVE DECREASED BY 10% FOR THIS APPEAL TO BE CONSIDERED FOR REVIEW.** Your 2026-27 FAFSA must be on file and completed before your appeal can be reviewed. **Please Note: Your appeal will only be processed if reduction changes your eligibility for Title IV.**

What is a Special Circumstance?

A family's 2024 total income is used to determine eligibility for a student's financial need on the 2026-2027 FAFSA. However, there may be circumstances that could drastically change a family's financial situation. In such cases, we may use your family's 2025 income or expected 2026 income to determine your Pell Grant Eligibility calculation.

IMPORTANT: A special circumstance request will not be considered for the following situations: (1) high consumer debt, (2) home mortgage expenses, and (3) car payments/expenses. **Also, you must be unemployed for at least 6 months before we will consider your request due to loss of employment.**

Person whose benefits were changed and/or lost: O Self O Spouse

O Parent 1 Name: _____ O Parent 2 Name: _____

Required Documentation By Circumstance:

Reason(s) for Appeal: Select all that apply.	Submit:
O **Legal separation or divorce.** Effective date: _____	• A copy of the divorce decree/separation papers or evidence of separate living accommodations. • Documentation of alimony to be received for 2025. • Documentation of child support to be received for 2025.
O **Death of a parent or spouse.** Date of death: _____	• Copy of death certificate.
O **Loss of employment due to layoff or termination** Effective date: _____	• A letter of separation from employer on company letterhead (must include last day worked). • Copy of Unemployment Income showing benefit amount, start date or statement of ineligibility. • Documentation of severance pay received. • Payment history from the unemployment office.
O **Loss or reduction of income** Effective date: _____	• Documentation of termination of benefits. • Documentation of expected 2025 benefits. • Providing all supporting documentation to show loss.

Required Documentation Checklist

- O A copy of you and your parent(s) or you and your spouse's Federal Income Tax Transcript for 2024 and 2025.
- O A copy of you and your parent(s) or you and your spouse's 2024 and 2025 W-2 forms.
- O A copy of your parent(s) or you and your spouse's last pay stubs showing year to date earnings, if loss occurred in 2026.
- O A typed, dated and signed letter detailing the date and reasons of your parent(s) or you and your spouse's loss of income.
- O Complete and submit the 26-27 Verification Worksheet

Please Note: Students submitting requests for changes of income that occurred after January 1, 2027 may be required to submit their 2026 Federal Tax Transcripts and W2's.

Certifications and Signatures

Federal Warning: Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to $20,000 or imprisonment or both under provisions of the U.S. Code.

I declare under penalty of perjury that all information reported on this form and all the information reported on the 2026-2027 Free Application for Federal Student Aid which will be used to qualify for state and federal student aid is true, complete and accurate.

I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.

Student's Signature: _____ Date: _____

Spouse/Parent's Signature: _____ Date: _____

Office Use Only:

O Approved O Denied O Pending

Comments:

Reviewed by: _____ Date: _____