

OFFICE USE ONLY

Special Circumstances Appeal 2022-2023

Revised 07/13/22

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

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						

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:

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

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

- A copy of all 2020 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) 2020 Federal IRS Tax Return Transcript (if filed)
- 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		
	Letter of notification from employer concerning job loss, termination, lay-off or work reduction		
	Copy of last (most recent) pay stub from each employer		
O Loss of job or change in employment	Award letter from unemployment stating weekly benefit amount		
	• Is there a severance package?		
	Yes provide documentation and amount		
	No, provide letter from employer indication severance package not provided		
	Provide estimated income information on page 2		
O Divorce or Separation	Attach copy of divorce decree, separation		
(Only if you have done so since you filed the 2022-	Attach copy of IRS Tax Return Transcript and W-2(s)		
2023 FAFSA or if you filed a joint tax return)	Provide estimated income on page 2		
	Attach copy of death certificate(or obituary notice)		
O Death of spouse	Are there survivor's benefits (social security, life insurance?		
Death of spouse	Yes provide documentation and amount		
	No, provide letter indicating no benefits were received		
	O Unemployment Benefits:		
	 Attach an official statement indicating termination of unemployment compensation, stating the ending date and monthly amount received 		
	O Child Support		
 Reduction or Loss of untaxed income and/ or benefits (Is your income less than what was reported on your Tax Return?) 	 Attach a copy of court or child support agency documents stating benefit ending amount 		
was reported on your Tax Neturn: /	O Social Security		
	 Attach a copy of the notification you received concerning your loss of social security income benefit end date 		
	Provide estimated income on page 2		

One-time disbursement of income	 Submit copy of IRS transcript showing the amount of the one-time disbursement IRS Form 1099-R (Distributions from Pensions, Annuities, Retirement, IRAs, etc.) Provide estimated income on page 2 					
 Unusually High Medical or Dental Expenses may only be considered if the expenses were required by a physician (not elective surgery) & if they exceed 11% of the family's AGI 	Medical or Dental Attach a copy of the Schedule A from Federal Income Tax Return Copies of paid medical/prescription receipts not paid by insurance					
O Other: Please specify		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 esti 2021 calendar year. If a dependent students or have other sources of income. Please con	, mother and fa	ther or independent				
	Student	Spouse (if married)	Parent 1 (if dependent)	Parent 2 (if dependent)		
2021 Income from Work	\$	\$	\$	\$		
2021 Unemployment Benefits	\$	\$	\$	\$		
2021 Social Security Benefits	\$	\$	\$	\$		
2021 Disability Income (Non SSI)	\$	\$	\$	\$		
2021 Workers Compensation	\$	\$	\$	\$		
2021 Cash support(from friends/relatives)	\$	\$	\$	\$		
Other:	\$	\$	\$	\$		
I/We certify that all information on this form proof of the information reported on this fobe fined up to \$20,000, sent to prison, or bo	rm. Warning: If oth.	you purposely give f	alse or misleading i	nformation, you may		
Student (and/or Spouse) Signature	•	Parent Signature (If d	ependent)	Date		
Office Use Only:						
Special Circumstance: O Approved	O Denied F	AA:		Date		