Southeast Technical Institute Financial Aid Office
2015-16 Special Circumstances Form

Complete and return to:
Southeast Technical Institute -- Financial Aid Office
2320 N. Career Ave.
Sioux Falls, SD  57107
Telephone: (605) 367-7867  Fax: (605) 367-5980

Student name: ______________________________________   SSN: _______________________
Address, City, State, Zip: ______________________________   Ph#: _______________________

_____ Change of Income – reverse side of form must also be completed
The Financial Aid Office may make adjustments to the federal financial need calculation based on a
change in income. Please be accurate in completing the following information. Special Circumstances
can only be submitted once while attending STI.

Check the appropriate reason why total income will be substantially less in 2015 than in 2014:
1. _____ Unemployment or change in employment (Provide documentation from employer, such as
termination notice, etc.--Please do not submit documentation until after September 14, 2015)
2. _____ Divorce/Separation (Copy of divorce or separation papers)
3. _____ Death of parent/spouse (Copy of death certificate)
4. _____ Loss of child support (Copy of court documentation)
5. _____ One-time income, such as Roth IRA, inheritance: (Need documentation of
amount/source/use of funds )

Effective Date of Change: __________________

Explain reason along with supporting documents: __________________________________________
________________________________________

 FOR CHANGE OF INCOME CONSIDERATION, YOU MUST ALSO COMPLETE THE BACK OF THIS FORM.

OTHER SPECIAL CIRCUMSTANCE
With appropriate reason and documentation, the Financial Aid Office may consider adjustments to a student’s
financial aid budget or to the federal financial aid formula.

Check the appropriate special circumstance:
1. _____ Unusual medical and dental expenses paid (Must submit copies of claims/bills not covered by
insurance; copy of 2014 IRS tax return transcript and Schedule A)
2. _____ Elementary and/or secondary private school tuition paid by family members (Copies of
itemized receipts/bills paid in full) Name of child(ren): _________________________________
3. _____ Adult care expenses (Copy of itemized receipts/bills paid in full)
   Name of family member: _______________________________________________________
4. _____ Unusual debts or expenses (Copy of adoption, child support, legal fees for divorce papers,
court ordered). Type of debt: _________________________To Whom: _____________________
Total paid in 2014: __________________
Payments for 2015: __________________
Date and amount of original debt: __________________

Explain and attach supporting documents (copy of contract, receipts): __________________

**CHANGE OF INCOME**
Complete both of the sections (Estimated Gross Taxed and Untaxed) below with income (prior to exemptions, adjustments, or deductions) your family expects to receive from January 1, 2015 through December 31, 2015. IF NONE, ENTER ZERO; do not leave any lines blank.

### TOTAL 2015 ESTIMATED GROSS TAXED INCOME

<table>
<thead>
<tr>
<th></th>
<th>Student's income</th>
<th>Spouse's income</th>
<th>Father's income</th>
<th>Mother's income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries, tips</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Income/loss from Business or Farm</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>All other taxable income (such as unemployment):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please list:</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td><strong>Total 2015 Estimated Gross Taxed Income</strong></td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

### TOTAL 2015 ESTIMATED GROSS UNTAXED INCOME

<table>
<thead>
<tr>
<th></th>
<th>Student's income</th>
<th>Spouse's income</th>
<th>Father's income</th>
<th>Mother's income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child support received for all children</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Veterans benefits except student’s educational benefits</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Any other untaxed income and benefits (Do not include Social Security Benefits or Supplemental Security Income). Please list:</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Untaxed housing, food or living allowances paid to military or clergy</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td><strong>Total 2015 Estimated Gross Untaxed Income</strong></td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

I certify that the information provided on this worksheet and any documentation is true and complete to the best of my knowledge.

______________________________  ______________________________
Signature of Student            Date                                Signature of Spouse                   Date

______________________________  ______________________________
Signature of Parent              Date                                Signature of Parent                   Date