Southeast Technical Institute Financial Aid Office
2016-17 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 2016 than in 2015:

1. ____ Unemployment or change in employment (Provide documentation from employer, such as termination notice, etc.--Please do not submit documentation until after September 14, 2016)

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 2015 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 2015: __________ Payments for 2016: __________

   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, 2016 through December 31, 2016
IF NONE, ENTER ZERO; do not leave any lines blank.

### TOTAL 2016 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 2016 Estimated Gross Taxed Income</strong></td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

### TOTAL 2016 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 2016 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.

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Signature of Student  
Date  

Signature of Spouse  
Date  

Signature of Parent  
Date  

Signature of Parent  
Date