



SPECIAL CIRCUMSTANCES FORM 2024-2025

Student Name: _____ SSN/ID: _____

Address, City, State, Zip: _____ Phone Number: _____

- Change of Income for 2024 – *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 Southeast Technical College.

Check the appropriate reason why total income will be substantially less in 2024 than in 2022:

- Unemployment or change in employment (Provide documentation from employer, such as termination notice, etc.)
- Divorce/Separation (Copy of divorce or separation papers)
- Death of parent/spouse (Copy of death certificate)
- Loss of child support (Copy of court documentation)
- One-time income, such as Roth IRA, inheritance: (Need documentation of amount/source/use of funds)

Effective Date of Change: _____

Explain reason for along with supporting documents:

FOR CHANGE OF INCOME CONSIDERATION FOR 2024, 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 reason why total income will be substantially less in 2024 than in 2022:

- Unusual medical and dental expenses paid (Must submit copies of claims/bills not covered by insurance; _ copy of 2022 IRS tax return transcript and Schedule A)
- Elementary and/or secondary private school tuition paid by family members (Copies of itemized receipts/bills paid in full) Name of child(ren): _____
- Adult care expenses (Copy of itemized receipts/bills paid in full)
Name of family member _____

CHANGE OF INCOME FOR 2024

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, 2024, through December 31, 2024, IF NONE, ENTER ZERO; do not leave any lines blank.

TOTAL 2024 ESTIMATED GROSS TAXED INCOME				
	Student's Income	Spouse's Income	Father's Income	Mother's Income
Wages, salaries, tips	_____	_____	_____	_____
Income/loss from Business or Farm	_____	_____	_____	_____
All other taxable income (such as unemployment) Please list: _____	_____	_____	_____	_____
Total 2024 Estimated Gross Taxed Income	_____	_____	_____	_____

TOTAL 2024 ESTIMATED GROSS UNTAXED INCOME				
	Student's Income	Spouse's Income	Father's Income	Mother's Income
Child support received for all children	_____	_____	_____	_____
Veterans benefits except student's educational benefits	_____	_____	_____	_____
Any other untaxed income and benefits (Do not include Social Security Benefits or Supplemental Security Income). Please list: _____	_____	_____	_____	_____
Untaxed housing, food or living allowances paid to military or clergy	_____	_____	_____	_____
Total 2024 Estimated Gross Untaxed Income	_____	_____	_____	_____

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 Parent Date

Signature of Spouse Date

Signature of Parent Date