



Southern Illinois University Carbondale  
 900 South Normal Avenue  
 Financial Aid Office, Woody Hall, B-Wing  
 Carbondale, IL 62901-4702  
 www.siu.edu/~fao

**SPECIAL CIRCUMSTANCES  
 2005-06**

STUDENT'S NAME: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
 (Last) (First) (MI)

ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

**General Instructions**

1. Complete this form **after** receiving the 2005-06 Student Aid Report. Allow **three weeks** for processing of this form, **after all documentation has been provided**. If you have been chosen for verification, **that process must be completed** before this Special Circumstances appeal is considered.
2. STUDENTS: Complete the STUDENT section below, answering all questions with an amount or zero **AND** complete the worksheet on the reverse side, checking all the circumstances that apply to the student. This form **must** be signed and dated by the student and returned to the address below. Provide all documentation requested.
3. PARENTS: Complete the PARENTS OF DEPENDENT STUDENTS section below, answering all questions with an amount or zero **AND** complete the worksheet on the reverse side, checking all the circumstances that apply to parents. If the parent is remarried, stepparent information is required. This form **must** be signed and dated by both the student and one parent and returned to the address below. Provide all documentation requested.
4. Return this form to:  
 Financial Aid Office  
 900 South Normal Avenue  
 Woody Hall - B Wing - Third Floor  
 Southern Illinois University Carbondale  
 Carbondale, IL 62901-4702

**STUDENT (AND SPOUSE, IF MARRIED)**

Number of family members in 2005-06 (include Student, student's spouse and dependents) .....

Number of family members in college at least half-time during 2005-06 (include student).....

Amount of student's (and spouse's) **EXPECTED EARNINGS AND OTHER TAXABLE INCOME** for 01/01/2005 to 12/31/2005:

Yours.....\$ \_\_\_\_\_

Spouse's.....\$ \_\_\_\_\_

Total.....\$ \_\_\_\_\_

Source and amount of student's (and spouse's), **EXPECTED UNTAXED INCOME AND BENEFITS** for 01/01/2005 to 12/31/2005:

LIST OF SOURCES	AMOUNT
_____	\$ _____
_____	\$ _____

**PARENTS OF DEPENDENT STUDENTS (if applicable)**

Number of family members in 2005-06 (include parents and their dependents including student).....

Number of family members in college at least half-time during 2005-06 (include student).....

Amount of parents' **EXPECTED EARNINGS AND OTHER TAXABLE INCOME** for 01/01/2005 to 12/31/2005:

Father's or Stepfather's.....\$ \_\_\_\_\_

Mother's or Stepmother's.....\$ \_\_\_\_\_

Total.....\$ \_\_\_\_\_

Source and amount of parents' **EXPECTED UNTAXED INCOME AND BENEFITS** for 01/01/2005 to 12/31/2005:

LIST OF SOURCES	AMOUNT
_____	\$ _____
_____	\$ _____

**CERTIFICATION:** All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official, I (we) agree to give proof of the information that I (we) have given on this form. I (We) realize that this proof may include a copy of my (our) U.S. income tax return. I (We) also realize that documents provided may change my (our) financial aid eligibility and financial aid award, but that if I (we) do not give proof when asked, the student may be denied aid.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (One parent whose information is provided above)  
 Parent's Phone Number \_\_\_\_\_

If submitting this after December 31, 2005, submit your 2005 W-2 Wage and Earnings Statements or your 2005 U.S. Federal Tax Return.

**Student Worksheet (check all that apply)**

Student or spouse worked full-time (at least 30 hours a week for at least 26 weeks) in 2004 but is not working full-time now. The decrease in income must be at least \$2000 and at least 20% of total income to be considered.

Date full-time work ceased: \_\_\_\_\_

- Provide documentation of change in employment from employer(s)
- Provide all final pay stubs and most recent pay stubs from any current employment for student and spouse.
- Provide documentation of maximum unemployment benefits received/to be received.

Student (or spouse), who earned money in 2004, has experienced a significant decrease in resources in 2005. This must be the result of either a disability, natural disaster, or a change in employment that occurred in 2004. The decrease must be at least \$2000 and at least 20% of total income to be considered.

- Provide a statement of your situation with this form.
- Provide recent check stub, disability verification, or other documentation to support loss of income.

Student (or spouse) who received unemployment compensation or some untaxed income benefits in 2004 lost that income or benefit for at least 10 weeks in 2005. The untaxed income or benefit must be from a public or private agency, from a company, or from a person because of a court order. (Do not include loss of veterans education benefits.)

- Provide appropriate documentation.

Indicate the source and amount of untaxed income or benefit.

Source	2005 Amount
Social Security Benefits (including SSI)	\$ _____
Court ordered child support	\$ _____
Untaxed retirement	\$ _____
Disability benefits	\$ _____
AFDC/ADC and TANF	\$ _____
Other source: _____	\$ _____

Date that benefit was last received: \_\_\_\_\_

Explain Loss: \_\_\_\_\_

Student has already applied for financial aid, but since that time, the student and spouse have separated or divorced.

Check applicable status:  Separated  Divorced

Date of separation or divorce:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Provide copy of court order, or
- If separated, provide utilities bills or other acceptable mail from student and spouse showing different addresses.

Student has applied for financial aid, but since that time:

- the student's spouse has died; or
- the last surviving parent with whom the student had a dependency relationship has died.

Date of death:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Parent Worksheet (check all that apply)**

Parent (or stepparent whose income from work is reported) who earned money in 2004 has lost his or her job and remained unemployed for at least 10 weeks during 2005. The decrease in income must be at least \$2000 and at least 20% of total income to be considered.

Date work ceased: \_\_\_\_\_

- Provide documentation of change in employment from employer(s).
- Provide all final pay stubs and most recent pay stubs from any current employment for both parents.
- Provide documentation of maximum unemployment benefits received/to be received.

A parent (or stepparent whose income from work is reported) who earned money in 2004, has experienced a significant decrease in resources in 2005. This must be the result of either a disability, natural disaster, or change in employment that occurred in 2004. The decrease must be at least \$2000 and at least 20% of total income to be considered.

- Provide a statement of your situation with this form.
- Provide recent check stub, disability verification, or other documentation to support loss of income.

A parent (or stepparent whose untaxed income is reported) who received unemployment compensation or some untaxed income benefits in 2004 has completely lost that income or benefit for at least 10 weeks in 2005. The untaxed income or benefit must be from a public or private agency, from a company, or from a person because of a court order. (Do not include loss of veterans education benefits.)

- Provide appropriate documentation.

Indicate the source and amount of untaxed income or benefit.

Source	2005 Amount
Social Security Benefits (including SSI)	\$ _____
Court ordered child support	\$ _____
Untaxed retirement	\$ _____
Disability benefits	\$ _____
AFDC/ADC and TANF	\$ _____
Other source: _____	\$ _____

Date that benefit was last received: \_\_\_\_\_

Explain Loss: \_\_\_\_\_

Parents and/or stepparents, who provided parental data on the student's original financial aid application, have separated or divorced.

Check applicable status:  Separated  Divorced

Date of separation or divorce:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

- Provide copy of court order, *or*
- If separated, provide utilities bills or other acceptable mail from each parent showing different addresses.

A parent or stepparent, who provided parental data on the student's original financial aid application, has died.

Date of death:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_