

# Southwest Technical Institute Financial Aid Office

## 2016-17 Special Circumstances Form

Complete and return to:  
Southwest 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#: \_\_\_\_\_

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\_\_\_\_ 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: \_\_\_\_\_

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

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### 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) \_\_\_\_\_

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**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.

<b>TOTAL 2016 ESTIMATED GROSS TAXED INCOME</b>				
	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: _____	_____	_____	_____	_____
<b>Total 2016 Estimated Gross Taxed Income</b>	_____	_____	_____	_____

<b>TOTAL 2016 ESTIMATED GROSS UNTAXED INCOME</b>				
	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	_____	_____	_____	_____
<b>Total 2016 Estimated Gross Untaxed Income</b>	_____	_____	_____	_____

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