

“*Southeast community college*”

2009-10 Student Special Consideration Form

The formula used to determine your eligibility for federal financial aid is based in part on your 2008 income. If you have experienced a significant reduction in your 2009 income, you may request further review of your financial aid file. All requests for further consideration must be fully documented. All requests will be reviewed by the Financial Aid Office and the acceptance or denial of this request will be sent under separate cover.

Student Name: _____ Student ID/SSN: _____

Reason for Reduction: _____

Date of Change: _____

Student: List below the amounts of **ALL** income **RECEIVED OR ANTICIPATED** from **January 1, 2009** through **December 31, 2009**. **Attach copies of most recent pay stubs and documentation of all other income**, to this form and return to the Financial Aid Office. All lines must have an amount, if no amount enter -0-.

Taxable Income for 2009	Student	Spouse
1. Wages, Salaries, Tips, etc.	\$	\$
2. Interest and Dividend Income	\$	\$
3. Alimony	\$	\$
4. Business Income	\$	\$
5. Capital Gains	\$	\$
6. Taxable IRA's, Pensions, etc.	\$	\$
7. Rental Income, Royalties, etc.	\$	\$
8. Unemployment Compensation	\$	\$
9. Other Taxable Income	\$	\$
TOTAL TAXABLE INCOME (sum of lines 1-9)	\$	\$
Nontaxable Income for 2009		
10. Social Security Benefits	\$	\$
11. Untaxed portion of Pension/Annuity	\$	\$
12. Retirement/Disability Benefits	\$	\$
13. Workers' Compensation	\$	\$
14. Child Support	\$	\$
15. Public Assistance	\$	\$
16. Housing Allowance	\$	\$
17. Payments to Tax-Deferred Pension/Savings Plan	\$	\$
18. Other Untaxed Income	\$	\$
TOTAL NONTAXABLE INCOME (sum of lines 10-18)	\$	\$

I/We certify that the above information is correct and complete to the best of my/our knowledge. I/We also agree to provide additional documentation if requested.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____