



**SPECIAL CIRCUMSTANCE APPEAL
DUE TO CHANGE IN INCOME OR BENEFITS**

Last Name

Please Print

First Name

Student ID Number

Sections I, II, & III of this form must be completed in full and submitted simultaneously with all required documentation. Your appeal will be reviewed only when all required documentation has been received.

SECTION I: REASON FOR REQUEST

Select the option below that best pertains to your appeal. **Refer to the Appeal Checklist Document for all supplemental documentation needed for each option.**

Dependent Student

My parent(s), who worked in 2020, has lost their job for at least 10 weeks.

Date Unemployment Began: _____

Number of Weeks Worked in 2020: _____ Hours Worked per Week: _____

Number of Weeks Worked in 2021: _____ Hours Worked per Week: _____

My parent(s) has completely lost a source of income or a benefit that was received in 2020. The income or benefit must be from a public or private agency, company, or person due to a court order. Eligible income and benefits include items such as: alimony, child support, retirement/pension, social security (taxed), worker's compensation, etc.

Date Income/Benefit Ceased: _____

Independent Student

My spouse and/or I who worked in 2020 have lost our job for at least 10 weeks.

Date Unemployment Began: _____

Number of Weeks Worked in 2020: _____ Hours Worked per Week: _____

Number of Weeks Worked in 2021: _____ Hours Worked per Week: _____

My spouse and/or I have completely lost a source of income or a benefit that was received in 2020. The income or benefit must be from a public or private agency, company, or person due to a court order. Eligible income and benefits include items such as: alimony, child support, retirement/pension, social security (taxed), worker's compensation, etc.

Date Income/Benefit Ceased: _____



SECTION II: 2022 INCOME FROM EARNINGS & BENEFITS

This section estimates the income that will be earned by the household members through employment in 2022 as well as any other income sources. Estimate the amounts you expect to receive between January 1, 2022 and December 31, 2022. **Do not leave any sections in the table below blank, if a field does not pertain to you, use 'n/a' to indicate that.**

STUDENT AND/OR SPOUSE	BENEFIT/INCOME	PARENT(S)
Amount Expected in 2022		Amount Expected in 2022
\$ _____	Employment: (list employers)	\$ _____
\$ _____	• _____	\$ _____
\$ _____	• _____	\$ _____
\$ _____	• _____	\$ _____
\$ _____	Pensions/Annuities	\$ _____
\$ _____	Unemployment Compensation	\$ _____
\$ _____	Social Security Benefits	\$ _____
\$ _____	Child Support/Alimony	\$ _____
\$ _____	Retirement or Disability Benefits	\$ _____
\$ _____	Aid To Aged, Blind and Disabled	\$ _____
\$ _____	Aid to Families with Dependent Children (ADC/AFDC or TANF)	\$ _____
\$ _____	Worker's Compensation	\$ _____
\$ _____	Veteran's Benefits (non-educational)	\$ _____
\$ _____	Other:	\$ _____
\$ _____	2022 Total Expected Earnings/Benefits	\$ _____

SECTION III: CERTIFICATION & SIGNATURE

All of the information on this form is true and complete to the best of my knowledge. I agree to provide verification of the information I have given on this form.

Student's Signature

Date

Parent's Signature

Date

You can submit this form via email to financialaid@ben.edu; fax the document to 630-829-6101; or upload the completed form to the Financial Aid dropbox located on our [website](#).