



<b>Student Last Name</b>	<b>Student First Name</b>	<b>Student ID Number</b>

Sections I, II, & III of this form must be completed in full and submitted simultaneously with a copy of 2022 Federal Income Tax Return and supporting documentation of loss of benefit. 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 Special Circumstance Appeal Checklist form for all supplemental documentation needed for each section.**

**Dependent Student**

- My parent(s), who worked in 2022, has lost their job for at least 10 weeks and has not found employment.

Date Unemployment Began: \_\_\_\_\_  
 Number of Weeks Worked in 2022: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_  
 Number of Weeks Worked in 2023: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

- My parent completely lost a source of income or benefit that was received in 2022. The income or benefit must be from a government agency, company, or person due to a court order. Eligible income and benefits such as: alimony, child support, retirement/pension, social security, worker's compensation, etc.

List Type of Benefit Loss	Benefit Loss Ceased Date

**Independent Student**

- My spouse and/or I who worked in 2022 have lost our job for at least 10 weeks and currently not working.

Date Unemployment Began: \_\_\_\_\_  
 Number of Weeks Worked in 2022: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_  
 Number of Weeks Worked in 2023: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

- My spouse and/or I have completely lost a source of income or a benefit that was received in 2022. The income or benefit must be from a government agency, company, or person due to a court order. Eligible income and benefits such as: alimony, child support, retirement/pension, social security, worker's compensation, etc.

List Type of Benefit Loss	Benefit Loss Ceased Date



**Section II: 2022 Income & 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, 2023 and December 31, 2023. **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)	\$ _____
\$ _____	<b>2022 Total Expected Earnings/Benefits</b>	\$ _____

**Section III: Certification & Signature**

I/We, hereby certify that all of the information that is provided on this form is true, complete and correct to the best of my/our knowledge. I understand that if corrections need to be made to my FAFSA results, the Office of Financial Aid will make all necessary corrections.

<b>Student's Signature Required</b>	<b>Date</b>	<b>Parent's Signature Required</b>	<b>Date</b>

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