	B	
Student's Full Name	**BenU ID Number**	**Student's Permanent Street Address**

If the information you reported on your Free Application for Federal Student Aid (FAFSA) does not reflect your current family status and financial situation, complete this form to request a reevaluation appeal of your financial aid eligibility to include your current situation. *Please be aware that not all special circumstance adjustments result in additional financial aid.*

All **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.

Do not leave any information blank. If the information does not pertain to you, indicate Non-Applicable (N/A).

SECTION I: REASON FOR REQUEST

Select one of the options below that best pertains to your appeal. Refer to the **Change in Circumstance Appeal Checklist** for all additional documentation needed for each option.

A. ☐ My parents were legally separated or divorced after my 2025-2026 FAFSA was submitted.

1st Parent's Full Name	**Parent Permanent Street Address**
2nd Parent' Full Name no longer in Household	**Parent Permanent Street Address**
Date of Legal Separation/Divorced	**Current Family Size**

☐ Your parents' 2024 signed copy of Federal Tax Return(s) with all schedules or Non-Filer Income Worksheet
☐ Divorce or legal separation papers or a letter from attorney stating the marital status of the parties
☐ Documentation to verify the amount of alimony and/or child support you will receive in 2025

B. ☐ My parent was included on my 2024-2025 FAFSA and died after the FAFSA was submitted.

Name of Deceased	**Date of death**

☐ Your parents' 2024 signed copy of Federal Tax Return(s) with all schedules or Non-Filer Income Worksheet
☐ Death certificate or published obituary if death certificate is not available
☐ 2025-26 Dependent Family Size Verification Worksheet

Note: If your parents are divorced or separated, the contributing parent is the parent (and their spouse, if remarried) who provided the **greater portion** of your financial support during the 12 months immediately prior to filing the FAFSA. *It will no longer default to the parent you primarily lived with during the past 12 months.*

SECTION II: 2024 INCOME FROM EARNINGS & BENEFITS

Source of Income	Received for 2024	Estimated for 2025
Child Support Total amount received	$	$
Date that parent's child support ended		
	MM/DD/YYYY	MM/DD/YYYY
Loss of Alimony received	$	$
Date that Alimony ended		
	MM/DD/YYYY	MM/DD/YYYY

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 (Required)	**Date**
Parent's Signature (Required)	**Date**

Please submit the signed and completed form, along with supporting documentation, to the Office of Financial Aid via our dropbox located on our website or via email to financialaid@ben.edu