Change in Family Structure and Income Appeal

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 financial situation or does not consider a circumstance in your family situation, complete this form to request an appeal of your financial aid eligibility to include your current information. 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 <u>all</u> required documentation. Your appeal will be reviewed only when <u>all</u> 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 Requ	ES	ı١
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Select the option below that best pertains to your appeal. Refer to the **Change in Circumstance Appeal Checklist** for all additional documentation needed for each option.

My parents were legally separated or divorced <u>after</u> my 2024-2025 FAFSA was submitted.		
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□ Your parents' 2023 signed copy of Federal Tax Return(s) with all schedules
☐ 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 2024
□ 2024-25 Dependent Verification Worksheet

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

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Name of Deceased	Date of death

☐ Your parents	2023 signed co	by of Federal	Tax Return(s)	with all schedules
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- ☐ Death certificate or published obituary if death certificate is not available
- ☐ 2024-25 Dependent Verification Worksheet



SECTION II: 2023 INCOME FROM EARNINGS & BENEFITS

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 <u>no</u> longer default to the parent you primarily lived with during the past 12 months.

Source of Income	Received for 2023	Estimated for 2024
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 <u>website</u> or via email to <u>financialaid@ben.edu</u>