Benedictine University
Special Circumstance Appeal
Income/Benefit Change
2016 - 2017

Student Last Name: ___________________________ First Name: ___________________________ Student ID: ___________________________

Based on the Special Circumstance Appeal Letter you submitted to our office, we are re-evaluating your need for financial aid based on a change in household income.

Both sections I and II of this form must be completed in full. Please submit all documentation together. Your appeal will be reviewed when all sections and required documentation have been completed.

Section I: Request Reason

Review the options below and select the one(s) that pertain(s) to the reasons you indicated in your appeal letter. Below each option is a list of items that need to be completed and submitted with this form.

Dependent Student

1. □ My parent(s) who worked in 2015 has lost his/her job for at least 10 weeks.
   • Date unemployment began: ___/___/______
   • Number of weeks worked in 2016: _____ Number of hours worked per week: _____
   • Submit:
     □ Most recent /final pay stubs or letter from previous employer verifying total wages earned in 2015
     □ Statement of unemployment benefits

2. □ My parent has completely lost a source of untaxed income or benefit that was received in 2015. The untaxed income or benefit must be from a public or private agency, company, or person due to a court order. Untaxed income and benefits include items such as:
   • Social Security benefits (including Supplemental Security income)
   • Welfare benefits
   • Untaxed retirement or disability benefits
   • Date income/benefit ceased: ___/___/______
   • Submit:
     □ Documentation from agency or employer verifying loss/discontinuation of benefits

Independent Student

1. □ My spouse or I who worked in 2015 have lost our job for at least 10 weeks
   • Date unemployment began: ___/___/______
   • Number of weeks worked in 2016: _____ Number of hours worked per week: _____
   • Submit:
     □ Most recent /final pay stubs or letter from previous employer verifying total wages earned in 2015
     □ Statement of unemployment benefits

2. □ My spouse or I have completely lost a source of untaxed income or benefit that was received in 2015. The untaxed income or benefit must be from a public or private agency, company, or person due to a court order. Untaxed income and benefits include items such as:
   • Social Security benefits (including Supplemental Security income)
   • Welfare benefits
   • Untaxed retirement or disability benefits
   • Date income/benefit ceased: ___/___/______
   • Submit:
     □ Documentation from agency or employer verifying loss/discontinuation of benefits
Section II: 2016 Income from Earnings and Benefits

This section estimates the income that will be earned by the household members through employment in 2065 as well as any other income sources. Estimate the amounts you expect to receive between January 1, 2016 and December 31, 2016. Do not leave any sections in the table below blank, if a field does not pertain to you use ‘n/a’ to indicate that.

<table>
<thead>
<tr>
<th>Student (and spouse if applicable)</th>
<th>Benefit/Income</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Expected in 2016</td>
<td>Employment: (list employers)</td>
<td>Amount Expected in 2016</td>
</tr>
<tr>
<td>$ ______________</td>
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<tr>
<td>$</td>
<td>Pensions/Annuities</td>
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<tr>
<td>$</td>
<td>Unemployment Compensation</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>Social Security Benefits</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>Child Support/Alimony</td>
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<tr>
<td>$</td>
<td>Retirement or Disability Benefits</td>
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<tr>
<td>$</td>
<td>Aid To Aged, Blind and Disabled</td>
<td>$</td>
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<tr>
<td>$</td>
<td>Aid to Families with Dependent Children (ADC/AFDC or TANF)</td>
<td>$</td>
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<tr>
<td>$</td>
<td>Worker’s Compensation</td>
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<td>$</td>
<td>Veteran’s Benefits (non-educational)</td>
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<tr>
<td>$ ______________</td>
<td>Others:</td>
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<td>$ ______________</td>
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</tbody>
</table>

$ ______________ 2016 Total Expected Earnings/Benefits $ ______________

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. I also realize that if I do not provide verification, I may not be re-evaluated or receive aid.

Student’s Signature ____________________________ Date ______________

Father’s Signature ____________________________ Date ______________

Mother’s Signature ____________________________ Date ______________