

SPECIAL CIRCUMSTANCE REQUEST FORM FOR 2018-2019

Ben Franklin Career Center

Use this form ONLY if your financial situation has changed from 2016 or there are unusual circumstances in your family which have impacted upon the earnings and/or expenses of your family.

Attach appropriate documentation.

NAME: _____ Date: _____

Class & Start Date: _____ SSN: _____

1. I am requesting a review of my financial aid eligibility because (check one):
- Unemployment or job change
 - Loss or change of benefits (unemployment, welfare, disability, social security, etc.)
 - Marriage, Separation or Divorce
 - Unusual Expenses (**Do NOT include personal debt**) USE BACK OF FORM for Expenses
 - Other - _____

2. List actual income & benefits for 2017 (provide tax form) for the appropriate people in the household, or estimated income & benefits for 2018 for the appropriate people in the household:

THIS FORM WILL NOT BE PROCESSED UNLESS INCOME INFORMATION IS PROVIDED!!

Income Type	Circle the year you are providing income for					
	2017	2018	Student	Spouse	Mother	father
earnings						
benefits						
Child support						
other						

3. Describe your circumstance as indicated above - i.e., the date of separation, loss of benefits, job loss, or an itemization, documentation or description of unusual expenses. **Please use the back of this form for income details.**

4. Persons reporting their income on this form **MUST SIGN** below. Your signature indicates that the information on this form is true and complete, to the best of your knowledge.

_____ student _____ spouse _____ parent(s)

Office Use Only

☺ Approved

☹ Not Approved

IPA = _____
11% med _____
9% transp _____

Expected Income Details for _____:

Job _____ from _____ to _____ earned _____

Job _____ from _____ to _____ earned _____

Job _____ from _____ to _____ earned _____

Unemployment began _____ ends _____ weekly amount _____

Disability/ Workers Comp began _____ ends _____ weekly amount _____

Expected Income Details for _____:

Job _____ from _____ to _____ earned _____

Job _____ from _____ to _____ earned _____

Job _____ from _____ to _____ earned _____

Unemployment began _____ ends _____ weekly amount _____

Disability/ Workers Comp began _____ ends _____ weekly amount _____

Expected Income Details for _____:

Job _____ from _____ to _____ earned _____

Job _____ from _____ to _____ earned _____

Job _____ from _____ to _____ earned _____

Unemployment began _____ ends _____ weekly amount _____

Disability/ Workers Comp began _____ ends _____ weekly amount _____

Medical Expenses for a 12 month period beginning on or after 1/1/2016:

Health insurance premium deduction _____ per _____

Dental insurance premium deduction _____ per _____

Vision insurance premium deduction _____ per _____

Pharmacy insurance premium deduction _____ per _____

Disability insurance premium deduction _____ per _____

Out-of Pocket, co-pays, and uncovered medical costs:

Transportation - mileage (one way) from home to school: _____

Other unusual expenses (flood, fire, storm damage, accidents, etc.) which have impacted your family's financial situation: