

2018-2019 STUDENT PETITION TO USE PROJECTED YEAR INCOME

Student Name:

Last

First

UID#

Please check this box if you will be enrolled at UCLA for Summer 2018.

If you and/or your spouse expect your 2018 calendar year income to be significantly less than 2016, you may file this appeal. Any changes made as the result of the re-evaluation will be retroactive to the beginning of the 2018-19 academic year. *Projected Year Income appeals can only be submitted for two consecutive years.*

Examples of eligible circumstances include:

- Loss of full-time employment,
- Loss of other income (SSI benefits, unemployment, child support),
- Loss of income due to divorce, legal separation, or death of spouse

Self-employment “Schedule C” or “Schedule E” income:

Students whose primary source of income is gained through self-employment are not allowed to project their income if the business is still operational. If your business is non-operational by December 31st, 2017, you may submit an appeal. However, appeals based on loss of self-employment earnings must be accompanied by your 2018 federal tax transcript in order for the re-evaluation to be completed.

In order to complete this form, please follow the steps outlined below:

STEP 1: All appeals must include the following:

- A signed letter that explains your special circumstances
- All 2016 W2's and/or all 1099's
- Student's 2016 Federal Tax Transcript

STEP 2: Please select the option(s) that best fit your circumstances and include ALL documentation specified:

LOSS OF EMPLOYMENT	INCOME EXCLUSION FOR SPOUSE DUE TO DIVORCE OR LEGAL SEPARATION*
<input type="checkbox"/> Signed termination letter from employer <input type="checkbox"/> Most recent paystub showing year-to-date earnings <input type="checkbox"/> Unemployment benefits statement <input type="checkbox"/> Statement of severance pay <input type="checkbox"/> Statement of any benefit received as a result of unemployment (ex. CA Keep Your Home Benefits)	<input type="checkbox"/> Final Judgment of Divorce (FL-180) <input type="checkbox"/> Property Declaration (FL-160) <input type="checkbox"/> Legal Separation Agreement <i>*Proof of separate residences may be required</i>

LOSS OF INCOME (i.e. CHILD SUPPORT, DISABILITY, UNEMPLOYMENT)	DEATH OF SPOUSE
<input type="checkbox"/> Letter from agency verifying benefits have been terminated (Must include amount paid year-to-date and termination date) <input type="checkbox"/> For loss of child support, please provide court documentation verifying amount received per month and termination date or a statement from the Department of Child Support Services.	<input type="checkbox"/> Copy of Death Certificate <input type="checkbox"/> Documentation of life insurance payments <input type="checkbox"/> Documentation of social security survivor benefits, widow's pension, etc.

STEP 3: Please include the dates that you and/or your spouse were unemployed:

Student: Unemployed from: ___/___/___ to ___/___/___ . OR Currently Employed
 Spouse: Unemployed from: ___/___/___ to ___/___/___ . OR Currently Employed

STEP 4: Please itemize your monthly and yearly projected sources of income from **January 1, 2018 to December 31, 2018**. Do not leave any fields blank, if not applicable please enter \$0.

TYPE OF PROJECTED INCOME AND RESOURCES	PER MONTH	PER YEAR
Gross Income from employment - Student		
Gross Income from employment - Spouse		
Interest and dividend income		
Unemployment benefits		
Worker's Compensation and/or Disability benefits		
Child support received		
Living allowances paid to military, clergy and others		
Veteran non-educational benefits		
Foreign income		
Social Security benefits		
Temporary Assistance for Needy Families (TANF)		
SNAP (formerly known as Food Stamps)/WIC/Subsidized Housing		
Other (spousal support, etc. Please specify):		
TOTAL INCOME AND RESOURCES	\$	\$

STEP 5: VERIFICATION OF HOUSEHOLD SIZE AND NUMBER IN COLLEGE

List your dependents for the 2018-19 academic year. Include yourself, your spouse, and your dependent children. Include other people only if they will live with and receive at least half of their support from you during the entire period from 07/01/18 to 06/30/19.

*College must be eligible to participate in Title IV programs. Please do not abbreviate the name of the college.

NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE (AS OF 12/31/18)	NAME OF ELIGIBLE COLLEGE* ATTENDED AT LEAST HALF TIME DURING 18-19	GRADUATE STUDENT? Y/N
_____	Self	_____	University of California, Los Angeles	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATION STATEMENT:

I certify that all information reported on this form is true. Purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in future academic years. I understand that the UCLA Financial Aid and Scholarships office is required to verify the information reported on my 2018-2019 financial aid application before any projections can be taken into account. If any discrepancies are found, my file and award will be updated, which may result in reduction of eligibility for aid. I understand that certain awards (State, University grants, and Work-Study) are subject to availability of funds and review/approval of this form does not guarantee receipt of those awards in the event funding has been exhausted.

Student Signature*

Date

Spouse's Signature*

Date

**Electronic signatures are not acceptable*