

2020-2021 PROJECTED YEAR INCOME PETITION- PARENT

Student Name: Last First UID#

☐ **Check this box if you plan to enroll for Summer 2020** (a separate Summer Aid Application is Required)

If your parents expect their 2020 calendar year income to be significantly less than 2018, you may file this appeal. Any changes made as the result of the re-evaluation will be retroactive to the beginning of the 2020-2021 academic year.

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:

Parents whose primary source of income is gained through self-employment are not allowed to project their expected 2020 income if the business is still operational. Your appeal will have to be based upon the actual loss and must be accompanied by your 2020 federal tax transcript. However, if your business is non-operational by December 31st, 2018, your appeal may be based upon your projection of your 2020 income.

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 2018 W2's and/or all 1099's
- ☐ Parent's 2018 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, UN-EMPLOYMENT)	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 itemize your monthly and yearly projected sources of income from **January 1, 2020 to December 31, 2020**. **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 - Parent 1		
Gross Income from employment – Parent 2		
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 4: VERIFICATION OF HOUSEHOLD SIZE AND NUMBER IN COLLEGE

List your parents and their dependents for the 2020-2021 academic year. Include yourself, your parents, and your parents' other dependent children. Include other people only if they live with and receive at least half of their support from your parents during the entire period from 07/01/20 to 06/30/21. If you are including people other than immediate family members, please include a statement explaining the reason and extent to which your parents support the individual(s).*

*Please note: You may be required to submit additional documentation based on the information provided on your statement. If no statement is provided we may use discretion to revise the number in the household and/or college.

NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE (AS OF 12/31/20)	NAME OF ELIGIBLE COLLEGE** ATTENDED AT LEAST HALF TIME DURING 20-21	GRADUATE STUDENT? Y/N
	Self		University of California, Los Angeles	

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

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 2020-2021 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.

Parent Signature*

Date

Student Signature*

Date

**Electronic signatures are not acceptable*

**Submit all documents as one complete packet to the
Financial Aid & Scholarships Office**

HOW TO SUBMIT

Online

Log on to MyUCLA>click on the Finances and Jobs tab >under Financial Aid and Scholarships click> View All Documents. Attach form as necessary.

Fax:

Fax: 310-267-4143
Attn: UCLA Financial Aid and Scholarships

Mail/In Person:

Murphy Hall A-129J
P.O. Box 951435
Los Angeles, CA 90095