#### 2025-2026 Projected Year Income Petition

Student Last Name	Student First Name	MI	UID Number
<u>Purpose</u>			
The rules governing financial a circumstances exist and can b		ofessionals to re-evalu	ate eligibility for students when and if special
	ial circumstances documentat nancial information that has b		age may remain the same, increased or
Examples of special circur	nstances under PJ may include	e but are not *limit	ted to:
	nployment or other income (SSI be to divorce, legal separation, or de		nt).
income & tax year information		n if you have already c	financial position using <i>Projected income</i> (2025 completed and submitted your 2025-2026 FAFSA or denied.
evaluation in projecting 2025		perational. Your app	ed through self employment are not allowed for beal must be based on actual loss incurred and
	ances Supporting Docu	mentation	
All appeals must include t	the following:		
All 2023 W2's and	t explains your special circumstan /or all 1099's (mask the first five n eral Tax Transcript/or 1040 tax re	numbers of all SSNs)	ve numbers of all SSNs)
Please review and indicate option.	which option below applies to	you. The required s	upporting documentation is listed below each
Loss of Employm	nent/Income (Laid Off, Reducti	ion of Hours) Incom	ne earned was/will be less than
what was earned			
	ment Award Letter		
Termination	on notice from employer		

Divorce decree or legal separation agreement and proof of separate residences, i.e. utility bills, lease agreement, etc.

Military Discharge ) Benefits received in 2025 have ceased or been reduced.

Legal Separation or Divorce occurred AFTER filing the FAFSA/ Dream Act.

- Death of Parent(s) or Spouse Death occurred AFTER filing the FAFSA/ Dream Act.
- - Death certificate
  - One-time Non-Recurring lump sum payment received in 2023.

2025 Benefit statement listing total amount received

- First two pages of 2022 and 2024 1040 Tax Form
- Supporting documentation of one-time payment (ie. Form 4797 capital gain from property sale)

Copy of the latest paycheck stub issued from employer (should include year to date gross income) Other loss of Income (Alimony, Retirement/Pension, Social Security (taxed), Workers' Compensation,

Revised Benefit statement and/or court documents listing updated amount to receive and effective date

Alimony (Spousal Support) and/or Child Support Agreements, proof of when payments start/end if applicable

# 2025-2026 Projected Year Income

Student's Spouse

Parent 1

Parent 2

### **Section 2. Petition Information**

Student

**TOTAL INCOME AND RESOURCES** 

I. Whose income changed?

**Please only complete the section for whose income is being affected (either Parent Section 3.a or Student Section 3.b). DO NOT complete be ections.  **Please only complete the section 3.b. DO NOT complete be ections.  **Example 1.a.**  **Example 2.a.**  **Please only complete the section 3.b. DO NOT complete be ections.  **Example 2.a.**  **Example 2.a.**  **Example 3.a.**  **Example 2.a.**  **Example 3.a.**  **Example 2.a.**  **Example 3.a.**  **Example 4.a.**  **Example 3.a.**  **Example 4.a.**  **Example 4						
Please itemize your monthly and yearly projected sources of income from_Jeave any fields blank, if not applicable please enter \$0	anuary I, 2025 to Decemb	<b>per 31, 2025.</b> Do not				
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):						

2025-2026 Projected Year Income

### **Section 3.b Student Projected Income Information**

Please itemize your monthly and yearly projected sources of income from **January 1, 2025 to December 31, 2025.** 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 – Student's 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		

## 2025-2026 Projected Year Income

#### **Section 4. Household Information**

List all member(s) of the household for the 2025-2026 (07/01/25 to 06/30/26) academic year. If you are including people other than immediate family members, please include a statement explaining the reason and extent to which they are being supported.

\* 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 your family size.

NAME OF FAMILY MEMBER		RELATIONSHIP TO STUDENT		
	_		Self	
<u>Signature</u>				
Please sign and return this completed form and all supporting do so will delay your financial aid process. Unsigned or income				
I certify that all information reported on this form is true ar documentation. I understand that the UCLA Financial Aid my 2025-2026 financial aid application before any projectic award will be updated, which may result in reduction of elig and Work-Study) are subject to availability of funds and re the event funding has been exhausted. I understand that pur	and Scholar ons can be to gibility for a view/appro rposely fals	ships office is requaken into account. I id. I understand that val of this form doe	ired to verify the information reported on f any discrepancies are found, my file and t certain awards (State, University grants, s not guarantee receipt of those awards in	
prevent me from receiving financial aid in future academic	years.			
Student Signature (electronic signatures not accepted)		Date		
Parent Signature, if applicable (electronic signatures not acc	cepted)	Date		

#### **HOW TO SUBMIT**

Please submit this appeal form and supporting documentation via the <u>MyUCLA Message Center</u> under the "Financial Aid: Newly Admitted-Submit Documents" queue.