

## 2023-2024 Projected Year Income Petition

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
UID Number

### Purpose

The rules governing financial aid programs allow financial aid professionals to re-evaluate eligibility for students when and if special circumstances exist and can be fully documented. The request for a Projected Year Income Appeal comes under the federal regulations dealing with professional judgment (PJ), which is review, in a case-by-case basis.

#### **Examples of special circumstances under PJ may include but are not \*limited to:**

- Medical and dental expenses not covered by insurance
- Loss of full-time employment or other income (SSI benefits, unemployment, child support)
- Loss of income due to divorce, legal separation, or death of spouse.

If your household Income has recently decreased, we may be able to reevaluate your financial position using *Projected income* (2023 income & tax year information). Please only submit this petition if you have already completed and submitted your 2023-2024 FAFSA or Dream Act application. You will be notified via email if your appeal was approved or denied.

**\*Self-employment “Schedule C” or “Schedule E”** Primary sources of income earned through self employment are not allowed for evaluation in projecting 2023 income if the business remains operational. Your appeal must be based on actual loss incurred and supported by submission of your 2022 federal tax transcript from the IRS. However, if your business is non-operational by December 31st, 2022, your appeal may be based upon your projection of your 2022 income.

**After reviewing your special circumstances documentation, your aid package may remain the same, increased or decreased based on the financial information that has been submitted.**

### Section I. Circumstances Supporting Documentation

All appeals must include the following :

- A signed letter that explains your special circumstances
- All 2021 W2's and/or all 1099's (mask the first five numbers of all SSNs)
- Parent's 2021 Federal Tax Transcript/or 1040 tax return (mask the first five numbers of all SSNs)

**Please review and indicate which option below applies to you. The required supporting documentation is listed below each option.**

**Loss of Employment/Income (Laid Off, Reduction of Hours) Income earned was/will be less than what was earned in 2021.**

- Unemployment Award Letter
- Termination notice from employer
- Copy of the latest paycheck stub issued from employer (*should include year to date gross income*)

**Other Loss of Income (Alimony, Child Support, Retirement/Pension, Social Security (taxed), Workers' Compensation, Military Discharge ) Benefits received in 2023 have ceased or been reduced.**

- 2023 Benefit statement listing total amount received
- Revised Benefit statement and/or court documents listing updated amount to receive and effective date

**Legal Separation, Divorce, or Separation and the divorce occurred AFTER filing the FAFSA/ Dream Act.** Alimony (Spousal Support) and/or Child Support Agreements, proof of when payments start/end *if applicable*

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

**Death of a Parent or Spouse Death occurred AFTER filing the FAFSA/ Dream Act.**

- Death certificate

**One-time Non-Recurring lump sum payment received in 2021.**

- Documents detailing one-time payment amount, source, and reason

**Out-of-pocket Medical or Extraordinary Expenses were paid.**

- Documents detailing out-of-pocket expense amount(s) not covered by insurance, source(s), and reason(s)

## 2023-2024 Projected Year Income

### Section 2. Petition Information

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 both sections.**

### Section 3.a Parent Projected Income Information

Please itemize your monthly and yearly projected sources of income from **January 1, 2023 to December 31, 2023**. 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):		
<b>TOTAL INCOME AND RESOURCES</b>		

## 2023-2024 Projected Year Income

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

Please itemize your monthly and yearly projected sources of income from **January 1, 2023 to December 31, 2023**. Do not leave any fields blank, if not applicable please enter \$0.

TYPE OF PROJECTED INCOME AND RESOURCES	PER MONTH	PER YEAR
<b>Gross</b> Income from employment - Student		
<b>Gross</b> 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):		
<b>TOTAL INCOME AND RESOURCES</b>		

## 2023-2024 Projected Year Income

### Section 4. Household Information

List all member(s) of the household for the 2023-2024 (07/01/23 to 06/30/24) 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 the number in the household and/or college.

NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE (AS OF 12/31/23)	NAME OF ELIGIBLE COLLEGE** ATTENDED AT LEAST HALF TIME DURING 2023-2024	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.

### Signature

Please sign and return this completed form and all supporting documentation to the Financial Aid & Scholarships office. Failure to do so will delay your financial aid process. Unsigned or incomplete forms will not be processed.

I certify that all information reported on this form is true and accurate to the best of my knowledge. I have attached all required documentation. I understand that the UCLA Financial Aid and Scholarships office is required to verify the information reported on my 2023-2024 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. I understand that purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in future academic years.

Student Signature (electronic signatures not accepted)	Date
Parent Signature, If applicable (electronic signatures not accepted)	Date

### HOW TO SUBMIT

<p style="text-align: center;"><b><u>ONLINE:</u></b></p> <p style="text-align: center;">Log on to MyUCLA&gt; click Finances and Jobs tab&gt; under Financial Aid and Scholarships click&gt; View All Documents. Attach form as necessary.</p>	<p style="text-align: center;"><b><u>FAX:</u></b></p> <p style="text-align: center;">Fax: 310-267-4143 Attn: UCLA Financial Aid and Scholarships</p>
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