

2024-2025 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.

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.

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

- Loss of full-time employment or other income (SSI benefits, unemployment).
- 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* (2024 income & tax year information). Please only submit this petition if you have already completed and submitted your 2024-2025 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 2024 income if the business remains operational. Your appeal must be based on actual loss incurred and supported by submission of your 2024 federal tax transcript from the IRS.**

	Option A	Option B	Option C	Option D
Based on the business operational status, please provide the 1040 Tax Return or Tax Transcript/Schedules and statements for the corresponding tax years listed:	The business was non-operational as of December 31 st , 2022.	The business was non-operational starting January 1 st , 2023- December 31 st , 2023.	The business is non-operational starting January 1 st , 2024 – Present.	The business is still operational – There has been a reduction/loss of income from the business. January 2024 - Present
	2022 AND 2023	2022 AND 2024	2022 AND 2024	2022 AND 2024

Section I. Circumstances Supporting Documentation

All appeals must include the following :

- A signed letter that explains your special circumstances
- All 2022 W2’s and/or all 1099’s (mask the first five numbers of all SSNs)
- Parent’s 2022 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 2022.
 - 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, Retirement/Pension, Social Security (taxed), Workers' Compensation, Military Discharge*)** Benefits received in 2024 have ceased or been reduced.
 - 2024 Benefit statement listing total amount received
 - Revised Benefit statement and/or court documents listing updated amount to receive and effective date
- Legal Separation or 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 Parent(s) or Spouse Death occurred AFTER filing the FAFSA/ Dream Act.**
 - Death certificate
- One-time Non-Recurring lump sum payment received in 2022.**
 - First two pages of 2021 and 2023 1040 Tax Form
 - Supporting documentation of one-time payment (ie. Form 4797 capital gain from property sale)

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Section 2. Petition Information

I. Whose income changed?

Student
 Student's Spouse
 Parent 1
 Parent 2

*****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, 2024 to December 31, 2024**. 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		

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Section 3.b Student Projected Income Information

Please itemize your monthly and yearly projected sources of income from **January 1, 2024 to December 31, 2024**. *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		

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Section 4. Household Information

List all member(s) of the household for the 2024-2025 (07/01/24 to 06/30/25) 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

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 2024-2025 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;"><u>ONLINE:</u></p> <p>Log on to MyUCLA> click Finances and Jobs tab> under Financial Aid and Scholarships click> View All Documents. Attach form as necessary.</p>	<p style="text-align: center;"><u>MAIL/IN-PERSON:</u></p> <p style="text-align: center;">Murphy Hall A-129J P.O Box 951435 Los Angeles, CA 90095</p>
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