

Parent Contribution Appeal

Deadline: Appeals must be received by February 2, 2018. If attending only the fall semester, the deadline is October 6, 2017.

Important: All documentation must be legible and on 8 1/2 x 11 inch paper. Include the student's name and student ID number on each page of your documentation.

Student Name: _____ Student I.D. #: _____

Student E-mail: _____ Parent E-mail: _____

Student Phone: _____ Parent Phone: _____

REASONS TO APPEAL: You may appeal your parent contribution if there was a change in family financial circumstances beyond your parents' control from 2015 to the present. Circumstances that may be considered are income reduction, death of a parent, or unusual and necessary expenses.

- A letter of explanation describing, in detail, the circumstances of your appeal.
- Copies of all appropriate documentation specifically pertaining to your circumstance (see chart below).
- Copies of parent(s) 2016 **Tax Return transcripts and W2 forms**. A **2016 IRS Tax Return Transcript** may be obtained through:
 - Get Transcript by MAIL – Go to www.irs.gov, under the Tools heading, click "Get a tax transcript." Click "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and **NOT** the "IRS Tax Account Transcript."
 - Get Transcript ONLINE – Go to www.irs.gov, under the Tools heading, click "Get a tax transcript." Click "Get Transcript ONLINE." Make sure to request the "IRS Tax Return Transcript" and **NOT** the "IRS Tax Account Transcript."
 - Automated Telephone Request – 1-800-908-9946
 - Paper Request Form – IRS Form 4506T-EZ or IRS Form 4506
 - Submit this form with page 2 completed and signed by your parent, with documentation of all income reported.

Please check all categories that apply to your situation and attach the required documentation

Special Circumstance	Dependent Students	Required Documentation
<input type="checkbox"/> Reduction or Loss of Employment or Benefits	Your parent(s) income for 2016 or 2017 will be less than what was earned in 2015.	Copy of a termination letter of employment or other benefits, including verification of severance pay or other retirement benefits. Copy of year-to-date earnings (last paycheck stub), unemployment benefits, disability benefits.
<input type="checkbox"/> Reduction or Loss of Untaxed Income	Child Support, untaxed portions of IRA or pension distributions (rollover), or other untaxed income.	Copy of divorce/separation agreement, verification of a rollover (1099-R), or other documentation indicating the start and end date of benefits.
<input type="checkbox"/> Change in Marital Status	Your parents were married; separated; divorced; or widowed.	Separation agreement, divorce decree, or death certificate.
<input type="checkbox"/> One-Time Payment Received	You or your parent(s) received a one-time, lump sum payment in 2015.	Copies of the 2015 and 2016 Federal IRS Tax Transcripts, 2015 and 2016 W-2 waged statements, documentation detailing one-time payment amount and source.
<input type="checkbox"/> Unusual/Necessary Expenses	If you or your parents incurred medical/dental expenses in calendar year 2016, paid private school tuition for dependents, or had tax liens in 2016.	Statement from the insurance provider stipulating amount of medical expenses not covered by insurance; private school tuition statement detailing out cost and any financial aid received; and a statement from the IRS and/or State Franchise tax board indicating monthly payment amount on back taxes.

Important: Incomplete or missing documentation will delay the appeal process. Any changes to financial aid awards will be contingent on the type of funds available, eligibility policies, and regulations. After initial review, additional documentation may be required. Appeal review may result in required application corrections. Families waiting for an appeal decision should be fully prepared to assume responsibility for all tuition/fees and other university charges, regardless of the appeal decision.



PARENTS' EXPECTED GROSS INCOME

Date of Income Change: _____ (month/day/year). Report income that you, the parent(s), received and/or expect to receive for the 12-month period following the date that your income changed.

INCOME SOURCE	Gross Monthly Amount	One-Time Payment	End Date (Provide Documentation)
CURRENT TAXABLE INCOME			
Gross income earned from work by father:	_____	_____	_____
Gross income earned from work by mother:	_____	_____	_____
Severance pay:	_____	_____	_____
Retirement benefits:	_____	_____	_____
Social Security Benefits (SSB):	_____	_____	_____
Unemployment benefits:	_____	_____	_____
Business/ farm income:	_____	_____	_____
Rental property:	_____	_____	_____
Alimony:	_____	_____	_____
Other taxable Income (specify): _____	_____	_____	_____
CURRENT NON TAXABLE INCOME			
TANF/ AFDC:	_____	_____	_____
Social Security Benefits (SSB):	_____	_____	_____
Workers Compensation/ Disability:	_____	_____	_____
Child Support:	_____	_____	_____
Supplemental Security Income (SSI):	_____	_____	_____
Money received or paid on your behalf:	_____	_____	_____
Other untaxed income (specify type): _____	_____	_____	_____

Certification: I certify that all the information on this form is true and complete and I will report any changes in writing to the Financial Aid and Scholarships Office.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

To expedite the processing of this form please upload via Cal Central or fax it to our Financial Aid Forms Fax: 855-895-3690

In-person drop-off: Cal Student Central, 120 Sproul Hall

Mailing address: University of California, Berkeley, Financial Aid and Scholarships Office 2nd Floor Sproul Hall, Berkeley, CA 94720-1960

**The ASUC Student Advocate's Office is a student-run office that provides free, confidential advice and representation for students who experience conflicts with the University. If you would like additional support, please contact them: help@berkeleysao.org.*