

Student name: \_\_\_\_\_ Student I.D. # (required): \_\_\_\_\_

**Deadline:** February 2, 2018; if attending the Fall semester only the deadline is October 6, 2017. **Important:** All documentation must be legible and on 8 1/2 x 11 inch paper. Include your name and student ID number on each page of your documentation.

**REASONS TO APPEAL:** You may appeal your student contribution if there was a change in financial circumstances beyond your control from 2015 to the present. Circumstances that may be considered are: income reduction, death of a spouse, or unusual and necessary expenses. The following documentation is required in all circumstances:

- 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 your and/ or your spouse’s 2016 **Federal Tax Return transcripts and W2 forms**. A 2016 **Federal Tax Return Transcript** may be obtained through:
  - Get Transcript by MAIL – Go to [www.irs.gov](http://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](http://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 along with documentation of all income reported.

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

Special Circumstance	Students	Required Documentation
<input type="checkbox"/> Reduction or Loss of Employment or Benefits	Your or your spouse’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	You were married; separated; divorced; or widowed.	Separation agreement, divorce decree, or death certificate.
<input type="checkbox"/> One-Time Payment Received	You or your spouse received a one-time, lump sum payment in 2015.	Copies of the 2015 <b>and</b> 2016 Federal IRS Tax Transcripts, 2015 <b>and</b> 2016 W-2 waged statements, documentation detailing one-time payment amount and source.
<input type="checkbox"/> Unusual/Necessary Expenses	If you or your spouse incurred medical/dental expenses in the 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 review process. Any changes to financial aid awards will be contingent on the type of funds available, eligibility policies, and regulations. The Financial Aid and Scholarships Office must confirm that your FAFSA is correct prior to any possible revisions.



**EXPECTED GROSS INCOME**

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

<b>Current Taxable Income Source</b>	<b>Gross Monthly Amount</b>	<b>One-Time Payment</b>	<b>End Date (Provide documentation)</b>
Gross income earned from work by student:			
Gross income earned from work by spouse:			
Severance pay:			
Retirement benefits:			
Social Security Benefits (SSB):			
Unemployment Benefits:			
Business/farm income:			
Rental property:			
Alimony:			
Other taxable Income (specify):			
<b>Current Non-Taxable Income Source</b>	<b>Gross Monthly Amount</b>	<b>One-Time Payment</b>	<b>End Date (Provide documentation)</b>
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):			

Student Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Mailing address:** University of California, Berkeley, Financial Aid and Scholarships Office, 201 Sproul Hall, Berkeley, CA 94720-1960

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

*\*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.*