

Financial Aid and Scholarships  
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## 2017-2018 Special Circumstance Appeal

### For a Review of Parental or Student Contribution

**Deadline to Submit this Form and Documents: December 15, 2017**

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### Graduate and Professional Students:

Special Circumstances will be funded with loan(s) only. Special Circumstances may not be used to gain additional eligibility for Work-Study.

#### INSTRUCTIONS:

- Submit a detailed, written statement explaining the reason(s) for the parent's and/or student's change of income in 2017 versus 2015, including specific dates of change.
- Submit a signed 2016 Federal tax return for parent and/or student. Include all Schedules, W-2s and/or 1099s.
- Submit all applicable attachments listed below.

Did you file a GPA Verification Form for Cal Grant as a *new* applicant?      Yes      No

#### THE TYPES OF SITUATIONS THAT WARRANT REVIEW ARE LIMITED TO:

##### 1. Loss of Income/Resources (Layoff/Unemployment, Disability, Retirement, Death, Divorce/Separation, Child or Spousal Support)

###### Documentation Required:

- Anticipated income for the remaining months of 2017
- Three (3) most current pay stubs from each job held between January and December 2017
- Complete 2016 tax return and 2016 W-2(s)
- If laid off, letter of termination from employer and copy of final pay stub
- Notice of unemployment insurance award
- Disability benefits eligibility letter
- Retirement benefits statement
- Death Certificate
- Any information about income from death (i.e., life insurance, death benefits, pension plans)
- Divorce decree or statement of separation
- Agency verification of loss or reduction of benefits
- Court/legal documentation (child/spousal support) verifying date support ends

##### 2. Out-of-Pocket Medical Costs Not Covered By Insurance (Paid by Parents or Student between January and December 2017. Expenses must not exceed medical expenses as allowed by financial aid regulations)

###### Documentation Required:

- Receipts, billing statements from medical provider(s)
- Itemized statement from insurance company documenting costs not covered by insurance

##### 3. Family Member Information (Changes on the Number of Family Members for Whom You or Your Parents Provide More than 50% Support)

###### Documentation Required:

- Provide a detailed statement explaining the reason for the change
- List names, ages, relationships, and number in college

Student ID#: \_\_\_\_\_

<b>SPECIR</b>
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**Estimated Calendar Year Income between January and December 2017:**

Provide information *only* for the person(s) who is/are documenting the change in income. *List total estimated income for 2017.*

ALL 2017 INCOME (JANUARY-DECEMBER)	STUDENT	STUDENT'S SPOUSE	PARENT 1	PARENT 2
Income From Work:	\$	\$	\$	\$
<b>OTHER TAXABLE INCOME</b>				
Unemployment, Disability, Pension, Workers Comp:	\$	\$	\$	\$
Business Income, Rental Property:	\$	\$	\$	\$
Alimony or Other Taxable Income: (Specify) _____	\$	\$	\$	\$
<b>OTHER UNTAXED INCOME</b>				
Unemployment:	\$	\$	\$	\$
Child Support or Other Untaxed Income: (Specify) _____	\$	\$	\$	\$
<b>TOTAL OF ALL 2017 INCOME:</b>	\$	\$	\$	\$
Any changes to your current financial aid awards will be contingent on the type of funds available and eligibility policies, guidelines, and regulations.				

I/We certify that the information above is true and correct to the best of my/our knowledge and belief. I/We understand that I/We are applying for an exception to the standardized formula. If you are a dependent student, one parent must sign.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date