

Parent Contribution Appeal

Deadline: February 1, 2017; if attending fall semester only the deadline is October 3, 2016.

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. 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.
- A signed copy of your parents' 2015 Federal Income Tax Return with all W2s and schedules.
- Submit this form with page 2 completed and signed by your parent, with documentation of all income reported.
- Additional information that applies to your specific situation.

Submit additional required documentation for the circumstance that you wish to be considered:

1. DOCUMENTATION OF INCOME REDUCTION

- a. Provide a copy of the employment termination letter, including verification of severance pay or retirement benefits, or explain why you do not have one of the above documents.
- b. Provide a copy of the year-to-date earnings (copy of last paycheck stub).
- c. Provide a copy of unemployment benefits (if not provided, we will assume \$450 per week for one year).
- d. Provide a copy of disability benefits eligibility.
- e. Provide a copy of the termination notice of other income (e.g., Social Security).
- f. Provide copy of divorce/separation agreement.
- g. If you are self-employed, provide copies of your 2015 and 2016 12-month profit and loss statements **Do not submit an appeal for this circumstance until January 2017.**

2. DOCUMENTATION OF DEATH OF A PARENT

- a. Provide a copy of the death certificate.
- b. Provide documentation of death benefits and insurance payments.

3. DOCUMENTATION OF UNUSUAL AND NECESSARY EXPENSES

- a. Medical emergencies: provide a statement from the insurance provider stipulating amount of medical expenses not covered by insurance and proof of payments made toward expenses (i.e.: paid invoices, canceled checks).
- b. Tax liens: provide a statement from the Internal Revenue Service and /or State Franchise Tax Board indicating monthly payment amount on back taxes owed prior to 2015, and proof of payments made.

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. The Financial Aid and Scholarships Office must confirm that your FAFSA is correct prior to any possible revisions.

Reminders:

- Did you provide a letter of explanation regarding your appeal?
 - Did you provide all required documentation in support of your appeal?
 - Did you provide a signed copy of your 2015 Federal Income Tax Return?
 - Have you updated your FAFSA with your 2015 FILED federal tax information?
 - Did you and your parent sign and date this form?
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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):	_____	_____	_____
_____	_____	_____	_____

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.*