Appeal for Special Circumstances
Termination or Reduction of Child Support or Social Security Benefits

RETURN THIS FORM TO: UCSD Financial Aid Office, 9500 Gilman Drive, La Jolla, CA 92093-0013

_____ A_____

PRINT Student's Last Name First Name Middle Initial UCSD PID Number

If your parent received child support payments and or social security benefits in 201____, which will be discontinued or reduced in 201____, and the information reported on your Free Application for Federal Student Aid (FAFSA) does not accurately reflect your financial situation, you may request an appeal for special circumstances by providing the requested information below.
IF NECESSARY, USE THE OTHER SIDE FOR AN EXPLANATION OF SPECIAL CIRCUMSTANCES.

CUSTODIAL PARENT:

I certify that I have custody of the above-named student and that I am unable to provide my parental contribution as calculated by Financial Aid Office because child support which was received in 201__ will be terminated or reduced in 200_. I also certify that this child support is no longer legally required as of the date below.

1. Amount of child support received in 201____? (annual figure) $_____
2. Amount of child support expected in 201____? (annual figure) $_____
3. Child support payments will cease in on this day _____
4. Reason for child support is ending? _____

_____ (_____)_____

Signature of custodial parent Phone number of parent

STUDENT:

I certify that during 201____ I will not be receiving child support either directly or indirectly from my parent who does not have custody of me.

_____ (_____)_____

Signature of student Phone number of student

PARENT:

I certify that I am unable to provide my parental contribution as calculated by The Financial Aid Office because social security benefits have been reduced or terminated.

1. 1 Amount of social security support received in 201____? (annual figure) $_____
2. Amount of social security expected in 201____? (annual figure) $_____
3. Social Security payments will cease in on this day _____
4. Reason for Social Security payments ending? _____

_____ (_____)_____

Signature of parent Phone number of parent

STUDENT:

I certify that during 201____ I will not receive social security benefits.

_____ (_____)_____

Signature of student Phone number of student

For office use only: ☐ Denied ☐ Approved Amount of child support and/or social security benefits used $_____

Comments:

Approval Signature _____ Date: _____