2018-19 Appeal for Special Circumstances
Termination or Reduction of Child Support or Social Security Benefits

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

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 201__. 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 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. 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 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: __________________