2019-20 Appeal for Special Circumstances
Termination or Reduction of Child Support or Social Security Benefits

PID_________________________  Last Name ________________________ First Name____________________

If your parent received child support payments and or social security benefits in 2017 which will be discontinued or reduced in 2019, 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 the child support which was received in 2017 will be terminated or reduced in 2019. I also certify that this child support is no longer legally required as of the date below.

1. Amount of child support received in 2017? (annual figure) $____________________
2. Amount of child support expected in 2019? (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 2019 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 the social security benefits have been reduced or terminated.

1. Amount of social security support received in 2017? (annual figure) $____________________
2. Amount of social security expected in 2019? (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 2019 I will not receive social security benefits.

______________________________  (_________)________________________
Signature of student  Phone number of student

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

Comments:

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Approval Signature________________________  Date: ______________

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