

**UNIVERSITY OF CALIFORNIA, SANTA BARBARA**  
**OFFICE OF FINANCIAL AID AND SCHOLARSHIPS**

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**2019-2020 FAMILY CONTRIBUTION APPEAL DOCUMENT GUIDE**

**All appeals must include the following:**

- A signed letter explaining your special circumstances - *if this appeal is due to your parent's circumstances, this letter must be from your parent.*
- Signed 2017 IRS 1040 Forms
- Documentation to support your circumstances and current income. Please provide documentation for the option(s) that best fit your circumstances. If you are unable to provide the specified documentation or the reasons below do not apply to your circumstances, please provide a reasonable alternative.

<p><b>Loss of Employment</b></p> <p><i>To document loss of employment:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unemployment benefits statement, or denial letter, or</li> <li><input type="checkbox"/> Letter from employer confirming employment change</li> </ul> <p><i>To determine wages to be excluded:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> W-2 from 2017</li> <li><input type="checkbox"/> Final Paystub</li> </ul> <p><i>If you have reestablished employment:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Most current paystub(s)</li> </ul>	<p><b>Final Divorce</b></p> <p><i>To document divorce:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Final Judgment of Divorce (FL-180)</li> </ul> <p><i>To determine wages to be excluded:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All 2017 W-2s (both parents)</li> </ul> <p><i>To determine assets to be excluded:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Property Declaration (FL-160)</li> </ul>
<p><b>Loss of Self-Employment due to an Accident, Injury, or Health Condition</b></p> <p><i>To document the Accident, Injury, or Health Condition:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doctor's Note</li> </ul> <p><i>To determine income to be excluded:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2017 Schedule C</li> </ul>	<p><b>Legal Separation</b></p> <p><i>To document legal separation:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Legal Separation Agreement (FL-100)</li> </ul> <p><i>To determine wages to be excluded:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All 2017 W-2s (both parents)</li> </ul>
<p><b>Loss of Self-Employment due to loss or reduction in earnings</b></p> <p><i>If loss is from a client that provides more than 50% of your earnings:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from client</li> <li><input type="checkbox"/> 2017 1099-MISC from client</li> </ul> <p><i>If the loss is from client(s) that provide less than 50% of your earnings:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signed IRS tax return documents from the tax year that reflects the loss of self-employment income</li> </ul>	<p><b>Medical Expenses Paid in 2017</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule A from your 2017 Federal Tax Return</li> </ul> <p><i>If you did not claim Schedule A Medical and Dental expense deductions on your 2017 Federal Income Tax Return, your request cannot be considered.</i></p>
<p><b>Expiration of Unemployment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unemployment benefits statement showing Claim Ending Date</li> </ul>	<p><b>Death of a Parent or Spouse</b></p> <p><i>To document death:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of Death Certificate</li> </ul> <p><i>To determine wages to be excluded:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All 2017 W-2s (both parents)</li> </ul>
<p><b>Cancellation of Debt</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2017 1099-C</li> </ul>	<p><b>One-Time Early Retirement Withdrawal</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2017 1099-R</li> </ul>