



Professional Judgment Request
Independent Student
2020-2021

Instructions

- Your FAFSA application takes a “snapshot” of your family’s financial condition based on your family’s 2018 income. If you have had a significant change in your family’s income or have had unusual expenses since you have filed your FAFSA the school may take these circumstances into account when determining your eligibility for aid. Instead of using your 2018 family income, we can base your eligibility on an estimate of 2020 family income.
- You should only apply for a professional judgment when there are circumstances beyond the control of the family that significantly affect the family’s ability to contribute to the student’s educational expenses.
- Please fill out this form completely and include all requested documentation to support your appeal. ***Please write your name and ID# on all additional pages and documents submitted.***
- You also must have a FAFSA application on file with the financial aid office in order for us to process your appeal. To avoid unnecessary delays, please submit all information together. If your request is incomplete, it cannot be processed.
- Requests must be submitted before **July 1, 2020** to be considered before the Fall 2020 semester begins.

Student Information

Name: _____ Student ID# _____

Address: _____

Street

City

State

Zip

Reason for Income Reduction Please check all that apply

Along with all other documents on this page you need to submit a **typewritten Letter of Explanation** about your unusual circumstances and how they affect your financial situation. The explanation must be specific and must include all information relevant to your request. Type the explanation on a separate page and attach it to this form. **Please sign and date all documents submitted.**

Income Reduction Reason	Required Documents
<input type="checkbox"/> Loss/Change in employment	<ul style="list-style-type: none"> ▪ Letter or notification from employer regarding loss of job or change in job status. ▪ Copy of most recent paystub from new employer, if any. ▪ Notice of application for unemployment benefits, specifically, the Maximum Benefit Letter detailing the amount received. ▪ Copy of Students' 2018 Federal Tax Transcript
<input type="checkbox"/> Separation/Divorce	<ul style="list-style-type: none"> ▪ Separation papers or agreement, or ▪ Divorce decree, or ▪ Letter from attorney stating marital status, or ▪ Proof of separate residences ▪ Copy of Students' 2018 Federal Tax Transcript ▪ State income tax forms or W-2's showing income for each spouse in 2018
<input type="checkbox"/> Death of Spouse	<ul style="list-style-type: none"> ▪ Copy of death certificate ▪ Copy of Students' 2018 Federal Tax Transcript ▪ State income tax forms or W-2's showing income for each spouse in 2018
<input type="checkbox"/> One-time Income	<ul style="list-style-type: none"> ▪ In your Letter of Explanation include the source, amount of income, and reason the funds are not available for educational expenses ▪ Copy of Students' 2018 Federal Tax Transcript
<input type="checkbox"/> Medical/Dental Expenses (not covered by insurance)	<ul style="list-style-type: none"> ▪ Only amounts PAID BY YOU in 2018 should be included ▪ The amount paid must exceed 7.5% of your Adjusted gross income for 2018, and only that amount can be considered ▪ Copy of Students' 2018 Federal Tax Transcript, including Schedule A ▪ Copies of PAID receipts or copies of canceled checks
<input type="checkbox"/> Elementary/Secondary School Tuition Payments	<ul style="list-style-type: none"> ▪ Signed statement from private school official on school letterhead regarding enrollment ▪ Billing statement from the school stating amount of tuition paid or to be paid in 2020-2021 academic year – minus any waiver, discount, or financial aid
<input type="checkbox"/> Other (please describe)	<ul style="list-style-type: none"> ▪ Include in your Letter of Explanation all details relating to unusual circumstances ▪ Copy of Students' 2018 Federal Tax Transcript

Income Information Please fill out completely. If an item does not apply, enter \$0. All amounts should be estimates for the time period January 1, 2020 to December 31, 2020.

Income Source	Student	Spouse
GROSS income earned from work (Based on time period above)		
Unemployment Compensation		
Disability Benefits		
Child Support ___ Received ___ Paid (please check one)		
Taxable Social Security Benefits		
Veteran's Non-Educational Benefits		
Other untaxed income (please describe)		
Other untaxed income (please describe)		

Certification By signing below we verify that all information is true, accurate and complete.

Student Signature

Date

Spouse Signature

Date

For Office Use Only

Approved Date _____ Old EFC _____ New EFC _____

Denied Date _____

Reason for
Denial _____

Signature