

REQUEST FOR PROFESSIONAL JUDGEMENT: 2019-2020 ACADEMIC YEAR

Student Name _____ SSN/ID _____

Federal financial aid eligibility for 2019-2020 is based on 2017 income as reported on the 2019-2020 FAFSA. Occasionally, the income reported on a student's FAFSA is not an accurate reflection of their true financial resources due to job layoff, loss of spouse or parent, or other reasons outside of the student's control. The student may request the Financial Aid Office to review their extenuating circumstance and determine if an income adjustment is warranted. While we welcome the opportunity to review a family's unique situation, we cannot guarantee that each review will produce a specific, desired outcome.

The following reasons do not warrant a professional judgement:

- Parents refuse to contribute to their child's education.
- Parents are unwilling to provide information on the FAFSA or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

Mark the item or items that best describe your reason for requesting a professional judgement:

- Change in income due to loss of job. Circle: student/spouse/parent(s)
- Excessive medical/dental expenses in 2018 not covered by insurance. Circle: student/spouse /parent(s)
- High elementary or secondary tuition expenses for dependent children.
- Change in income due to divorce or separation. Circle: student/spouse/parent(s)
- Death of a parent or spouse.
- Other: _____

Note: We cannot consider consumer debt (e.g., auto loans, credit card payments) as a condition for professional judgment

REQUIRED DOCUMENTATION

A typed statement explaining the extenuating circumstances must be submitted with all professional judgement requests.

Include 2017 and 2018 IRS tax return transcripts for you and your spouse or parents (if you have not already submitted them to PNCA). You may request a tax return transcript at www.irs.gov/transcript or call 1-800-908-9946. Include any other relevant documentation to support your request.

Changes to income:

1. A termination letter, letter from employer indicating a change in employment status on company letterhead with final paystub, or unemployment office letter;
2. 2017 and 2018 IRS tax return transcripts

Excessive medical expenses not covered by insurance:

1. Proof of actual medical/ dental/ optical payments made that were not reimbursed by insurance.
2. Copies of medical bills/statements for services that fall within the 2018 tax year.

Elementary or secondary tuition expenses for dependent children:

1. A copy of school statement regarding expenses paid.
2. Complete the table below:

| Name of Supported Family Member | Age | Relationship | Elementary Education Expense | Secondary Education Expense | Adult Dependent Care Expense | Total 2017 Annual Expense |
|---------------------------------|-----|--------------|------------------------------|-----------------------------|------------------------------|---------------------------|
| | | | | | | |
| | | | | | | |

Divorce or separation:

1. Verification will be performed on current FAFSA.
2. Submit a copy of the divorce decree or legal separation documentation.
3. Must provide 2018 IRS tax transcript and all 2018 W2s.

Death of parent or spouse:

1. A copy of the death certificate or obituary notice and surviving parents or students 2018 tax transcripts.

Please complete, sign and submit this form with the required documentation to support your request to the Financial Aid Office. Any request submitted without documentation will not be considered. Allow 2-3 weeks for a response.

Additional documentation may be requested upon the review of your professional judgement appeal. A decision letter will be sent to you by the U.S. postal service to address on file for the student.

Note: All decisions are final.

Certification

I (we) certify that the information on this form and the accompanying documentation is accurate and complete to the best of my (our) knowledge. If approved, I (we) understand that the necessary corrections will be made to the Financial Aid Application. I have included the required documentation, and if additional documentation is needed, I agree to provide it upon request. I realize that if I do not provide documentation when asked, this professional judgement request is considered void.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Return to: PNCA/Financial Aid, 511 NW Broadway, Portland, OR 97209 or Fax to: 971-242-3865 Questions? 503-821-8971 financialaid@pnca.edu

Office Use Only

SAP: _____ COA: _____ EFC: _____ APPROVED DENIED

Comments: _____

Authorized Signature: _____ Date: _____