

Professional Judgment Request 2020-2021

This form is used to request a review of special circumstances resulting in the 2020-2021 FAFSA not accurately reflecting financial resources. While we welcome the opportunity to review a family's unique situation, we cannot guarantee that this review will produce a specific outcome. Additional documentation may be requested. Incomplete requests will be denied. **ALL DECISIONS ARE FINAL.**

Part I: Contact Information (to be completed by the student)

Student Name: _____ Student ID: _____
Email: _____ Phone: _____

Part II: Written Statement and Documentation

To file a Professional Judgment Request:

- Write a detailed statement on a separate piece of paper and attach it to this form. Your statement must indicate which special condition applies. For example:
 - Change in income
 - Excessive medical/dental expenses not covered by insurance
 - High elementary or secondary tuition expenses for dependent children
 - Change in income due to divorce or separation
 - Death of a parent or spouse
 - Other: _____
Note: Consumer debt (e.g., auto loans, credit card payments) is not considered special circumstances.
- 1. Attach documentation of your special circumstances. Depending on your situation, documentation may include:
 - A termination letter on company letterhead with final paycheck.
 - Current Unemployment statement indicating Weekly Benefit Amount
 - 2019 IRS tax transcripts, corresponding W2's
 - Medical/ dental/ optical payments made that were not reimbursed by insurance.
 - Copies of medical bills/statements for services that fall within the 2019 tax year.
 - Secondary school billing statement reflecting tuition paid.
 - Divorce decree or notarized statement attesting to marital separation
 - Death certificate or obituary notice

Affidavit

I/we certify that the information provided on this form is true and complete to the best of our knowledge. I/we further understand that if I knowingly give false information, I may be subject to disciplinary action by the college, further resulting in cancellation or repayment of disbursed financial aid.

Student's Signature _____ Date _____

Parent's Signature (if applicable) _____ Date _____

EFC: _____ Need: _____ Approved Denied By: _____
Notes: _____

Part III: Projected Income Worksheet

	SOURCES OF INCOME Do not leave any sections blank. Write "0" if income type does not apply.	Parent(s)		Student (and Spouse)	
		Actual 2020 year-to-date income (not monthly)	Expected total 2020 income	Actual 2020 year-to-date income (not monthly)	Expected total 2020 income
1.	Income earned from work (includes earnings from wages, salaries, tips, business, and farm income). Include Work-study earnings.	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Father/Stepfather \$ _____ Mother/Stepmother	\$ _____ Student \$ _____ Spouse	\$ _____ Student \$ _____ Spouse
2.	Other income, including rental income (list type):	\$	\$	\$	\$
3.	Severance pay				
4.	Unemployment compensation	\$	\$	\$	\$
5.	Interest and dividend income	\$	\$	\$	\$
6.	Capital gain and/or other gains	\$	\$	\$	\$
7.	Net amount received of withdrawal from pensions or annuities (IRA, Keogh, etc.) – do not include rollovers	\$	\$	\$	\$
8.	Alimony/ received	\$	\$	\$	\$
9.	Any other taxable Income	\$	\$	\$	\$
10.	Child Support RECEIVED for all children in 2020	\$	\$	\$	\$
11.	Payments to tax deferred pension/savings plans	\$	\$	\$	\$
12.	Welfare Benefits/Temporary Assistance for Needy Families. Do not include food stamps	\$	\$	\$	\$
13.	Other untaxed income and benefits	\$	\$	\$	\$
14.	Child support PAID in 2020	\$(-)	\$(-)	\$(-)	\$(-)
15.	Earnings from federal or state work-study programs	\$(-)	\$(-)	\$(-)	\$(-)
16.	Social Security benefits, including Supplemental Security Income.	\$	\$	\$	\$
17.	Housing/Food allowances paid to you	\$	\$	\$	\$
18.	Cash received, or money paid on your behalf, not reported elsewhere on this form.	\$	\$	\$	\$
19.	EXPECTED 2020 INCOME	\$	\$	\$	\$