

PNCA

Request for Financial Aid Professional Judgement: 2018-2019 Academic Year

Student Name _____ SSN/ID _____

Federal financial aid eligibility for 2018-2019 is based on 2016 income as reported on your 2018-2019 FAFSA. You may request that we perform a professional judgement based on your 2017 income. To request a professional judgement, please complete all required information on the front and back of this form.

Include 2016 and 2017 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 or call 1-800-908-9946. Include any other relevant documentation to support your request.

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)
- Change in income due to divorce or separation. Circle: student/spouse/parent(s)
- Non-recurring disbursement of retirement funds (or other) in 2016. Circle: student/spouse /parent(s)
- Medical/Dental expenses in 2016 or 2017 not covered by insurance. Circle: student/spouse /parent(s)

Please explain the circumstances regarding the above marked item(s):

2017 Income/Medical Expenses

List the 2017 total for each source of income below (from January 1, 2017 projected through December 31, 2017):

	Student	Spouse	Parent(s) (Dependent Students)
Wages, Salaries, and Tips (Including Self-Employment)	_____	_____	P1: _____ P2: _____
Work-Study Earnings	_____	_____	P1: _____ P2: _____
Unemployment Compensation	_____	_____	P1: _____ P2: _____
IRA or Other Retirement Pension Distributions	_____	_____	P1: _____ P2: _____
Child Support Received	_____	_____	P1: _____ P2: _____
Child Support Paid	_____	_____	P1: _____ P2: _____
Alimony Received	_____	_____	P1: _____ P2: _____
Alimony Paid	_____	_____	P1: _____ P2: _____
Veterans' NON-Education Benefits	_____	_____	P1: _____ P2: _____
Interest and Dividend Earnings	_____	_____	P1: _____ P2: _____
Other Non-Taxable income	_____	_____	P1: _____ P2: _____
Other Money Received or Paid on Your Behalf	_____	_____	P1: _____ P2: _____
Other _____	_____	_____	P1: _____ P2: _____

List the current value of all assets as of today (do not include the value of the home you live in or funds invested for retirement such as IRAs):

Cash/Savings/Checking Accounts	_____	_____	_____
Net Worth of Investments	_____	_____	_____
Business Worth	_____	_____	_____

If you are requesting a professional judgement due to excessive medical/dental expenses NOT covered by insurance, list the amounts below:

Medical/Dental Expenses 2016	_____	_____	_____
Medical/Dental Expenses 2017	_____	_____	_____

By signing below, I certify that all information provided by me or any person on this form is true and complete to the best of my knowledge. 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 Signature _____ Date _____

Parent Signature _____ Date _____