

2017-18 Professional Judgment Application (Independent)



Student Name _____ Student ID _____
Last First MI

Address _____
Street City State Zip

Cell Number () _____ Email _____

Number of members in the household _____ Number of household members in college _____

If your family's income will be significantly less than the income reported on your FAFSA, you can complete this form and return it to the financial aid office for further consideration of your 2017-2018 financial aid. You must also submit third-party documentation to substantiate your reduction in income.

Please review the sections below and complete the explanation(s) that best applies to your 2016 reduction(s) in income, submitting the documentation listed in the applicable section(s).

- ☐ Tuition Payments paid for elementary/secondary school costs for children
- letter from school showing tuition payments for the 2016 calendar year (January-December)

- ☐ Employment changed due to job loss, job reduction, or retirement

Date of change (mm/dd/yy): _____ ☐ Student ☐ Spouse

Reason for change: _____

- copy of student's/spouse's 2016 tax return transcript (request online at www.irs.gov or 1.800.908.9946)
- copy of all student's/spouse's 2016 W-2 Forms
- employer's notice and/or written documentation of termination/cessation
- copy of most recent pay stubs or statement of earnings-to-date for all 2017 employment
- notice of application for unemployment compensation and amount received

- ☐ Separated/divorced since student filed FAFSA

Date of change (mm/dd/yy): _____

- copy of student's/spouse's 2016 tax return transcript (request online at www.irs.gov or 1.800.908.9946)
- copy of all student's/spouse's 2016 W-2 Forms
- court documented separation agreement or divorce decree/settlement

- ☐ Permanent and total disability since student filed FAFSA

Date of change (mm/dd/yy): _____ ☐ Student ☐ Spouse

- copy of student's/spouse's 2016 tax return transcript (request online at www.irs.gov or 1.800.908.9946)
- copy of all student's/spouse's 2016 W-2 Forms
- attending doctor's statement of disability
- documentation of date disability resulted in termination of employment
- documentation of employer disability payments
- notification of workers' compensation
- copy of most recent pay stubs or statement of earnings to date for all 2017 employment of both parents

☐ **Reduction in Social Security benefits, alimony, or unemployment**

Date of change (mm/dd/yy): _____

- copy of student's/spouse's 2016 tax return transcript (request online at www.irs.gov or 1.800.908.9946)
- copy of all student's/spouse's 2016 W-2 Forms
- benefit provider's notification to you of loss of benefit
- copy of most recent pay stubs or statement of earnings to date for all 2017 employment

☐ **Reduction in court-ordered child support**

Date of change (mm/dd/yy): _____

- court documents verifying loss and date/conditions of loss
- copy of most recent pay stubs or statement of earnings-to-date for all 2017 employment
- proof of child support paid in 2016 and 2017
- documentation of all other sources of student/spouse income (taxable and non-taxable)

☐ **One time income adjustment (i.e. pensions, annuities, IRA movement, etc.)**

- copy of student's/spouse's 2016 tax return transcript (request online at www.irs.gov or 1.800.908.9946)
- copy of all student's/spouse's 2016 W-2 Forms
- written statement explaining why money was taken and what it was used for

☐ **Other unusual expenses paid (i.e. medical or dental expenses not covered by insurance)**

- copy of parent's 2016 tax return transcript (request online at www.irs.gov or 1.800.908.9946)
- copy of all receipts

☐ **Cost of Attendance Increase (i.e. housing expenses, computer purchase, child care, etc.)**

- copy of all receipts, statements and/or bills

Use the area below to provide a written explanation detailing all reasons your family's 2017 income will be reduced. If you need more space attach a separate sheet.

CERTIFICATION STATEMENT

I swear under penalty of perjury all of the information contained in this application is true to the best of my knowledge. I understand that providing intentionally false or misleading information in an attempt to obtain federal financial aid can result in a fine of up to \$20,000 and/or incarceration.

I understand that failure to provide the required documentation may result in denial of this application.

Student's Name (print)	Student's Signature	Date

Spouse's Name (print)	Spouse's Signature	Date