

2017-18 Professional Judgment Application (Dependent)



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, your parents can complete this form and return it to the student finance office for further consideration of your 2017-2018 financial aid. Your parents must submit third-party documentation to substantiate their 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).

☐ **Parent(s) employment changed due to job loss, job reduction, or retirement**

Date of change (mm/dd/yy): _____ ☐ Mother/Step Mother ☐ Father/Step Father

Reason for change: _____

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

☐ **Tuition Payments paid for elementary/secondary school costs for younger siblings**

- letter from school(s) showing tuition payments for the 2016 calendar year (January-December)

☐ **Parents have separated/divorced since student filed FAFSA**

Date of change (mm/dd/yy): _____ Parent with whom the student now resides? _____

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

☐ **Death of parent since student filed FAFSA**

Date of change (mm/dd/yy): _____ ☐ Mother/Step Mother ☐ Father/Step Father

- copy of parent's 2016 tax return transcript (request online at www.irs.gov or 1.800.908.9946)
- copy of all parent's 2016 W-2 forms
- copy of parent's death certificate or obituary

☐ **Permanent and total disability of parent since student filed FAFSA**

Date of change (mm/dd/yy): _____ ☐ Mother/Step Mother ☐ Father/Step Father

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

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

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

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

☐ **Reduction or loss 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 of both parents
- proof of child support paid in 2016 and 2017
- documentation of all other sources of parent income (taxable and non-taxable)

☐ **Dependency status override**

- letter of explanation from the student
- 3 reference letters explaining the situation

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

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

Each person signing this form certifies that all information reported is complete and accurate. **WARNING:** If you purposefully give false or misleading information in attempt to obtain federal financial aid you may be fined, sentenced to jail or both.

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

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