

### 2016-17 Professional Judgment Request Form

Student ID Number

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Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_  
 Street City Zip Telephone Number

2016-17 financial aid eligibility is based upon the information you provided on the 2016-17 Free Application for Federal Student Aid (FAFSA). A request for professional judgment is appropriate when you, your spouse or your parents have experienced a change in income from the 2015 figures that were reported on your original financial aid application. Check the situation below that applies, provide required documentation, and complete the second page of this form.

\_\_\_\_\_ I, my spouse, or one of my parents has experienced a change in income from work.  
 Effective Date: \_\_\_\_\_ Who has experienced the change of income from work? \_\_\_\_\_

**Required Documentation:**

- Personal letter explaining the change in work (typed, signed and dated)
- Letter of termination from previous employer (if applicable)
- 2016-17 pay stubs from current employer (if applicable)
- Other documents as requested by the Financial Aid Office.

\_\_\_\_\_ I, my spouse or one of my parents has had a change in income other than from work since 2015 (ie. loss of unemployment Benefits, TANF, child support, social security, or one-time income).

**Required Documentation:**

- Personal letter explaining the change in income (typed, signed and dated),
- Pertinent legal documentation (ie. letter from the Social Security Administration, court order for child support)
- Other documents as requested by the Financial Aid Office.

\_\_\_\_\_ I, my spouse or one of my parents has high medical or dental expenses in excess of 11% of my/their 2015 Adjusted Gross Income.

**Required Documentation:**

- 2015 tax return transcript(s)
- Personal letter explaining the medical expenses (typed, signed and dated)
- Copies of all medical bills paid in the 2015 calendar years
- Other documents as requested by the Financial Aid Office.

\_\_\_\_\_ I, my spouse or one of my parents has other circumstances which should be taken into consideration.

**Required Documentation:**

- 2015 tax return transcript(s)
- Personal letter explaining the circumstances (typed, signed and dated)
- Other documents as requested by the Financial Aid Office.

By signing below, I certify that all of the information on this form and in the supporting documents is true and accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Anticipated Total Income, Earnings, and Benefits for Calendar Year 2016  
(January 1 – December 31, 2016)**

<b>SOURCES OF INCOME</b> Do not leave any sections blank. Write "0" if income type does not apply	Parent(s)		Student (and Spouse)	
	Actual 2016 year-to-date income (not monthly)	Expected total 2016 income	Actual 2016 year-to-date income (not monthly)	Expected total 2016 income
2016 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
Interest and dividend income	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____	\$ _____	\$ _____
Net amount received of withdrawal from pensions or annuities (IRA, Keogh, etc.) – <b>do not include rollovers</b>	\$ _____	\$ _____	\$ _____	\$ _____
Capital gain and/or other gains	\$ _____	\$ _____	\$ _____	\$ _____
Cash received, or money paid on your behalf, not reported elsewhere on this form. Do not include cash received from a parent whose information is provided on this form			\$ _____	\$ _____
Alimony/maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Other income, including rental income (list type): _____	\$ _____	\$ _____	\$ _____	\$ _____
Social security benefits, including Supplemental Security Income. Include amounts received for yourself and your children	\$ _____	\$ _____	\$ _____	\$ _____
Welfare Benefits/Temporary Assistance for Needy Families – <b>do not include food stamps</b>	\$ _____	\$ _____	\$ _____	\$ _____
Child support <b>RECEIVED</b> for all children	\$ _____	\$ _____	\$ _____	\$ _____
Other untaxed income and benefits* (see below)	\$ _____	\$ _____	\$ _____	\$ _____
Child support <b>PAID</b> in 2016	\$(-) _____	\$(-) _____	\$(-) _____	\$(-) _____
Earnings from federal or state work-study programs	\$(-) _____	\$(-) _____	\$(-) _____	\$(-) _____
<b>TOTAL EXPECTED 2016 INCOME</b>	////////////////////	\$ _____	////////////////////	\$ _____

\* Include 2016 payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include untaxed portions of 401(k) and 403(b) plans; deductible IRA and/or Keogh payments; tax exempt interest income; foreign income; untaxed portions; credit for federal tax special fuels; housing, food, and living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits); workers' compensation; veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC); any other untaxed income and benefits such as VA Educational Work-Study allowances, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, etc. **Do not include student aid, Workforce Innovation Opportunity Act educational benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans.**