

Professional Judgment (Request for Adjustment to Family Income)

This application is in response to your request for a review of special circumstances that you feel may change your financial aid eligibility. The Financial Aid Office requires that certain documents be provided to support you and your spouse's or you and your parent(s) (if applicable) claims of special circumstances. The Financial Aid Office begins the review process with an evaluation of the accuracy of the information that you have submitted on your Free Application for Federal Student Aid (FAFSA). The Financial Aid Office will evaluate the documents you submit along with your FAFSA information to determine if you are eligible for any financial aid adjustments.

The United States Department of Education provides in the Higher Education Amendments of 1998 a reaffirmation of the use of professional judgment in determining eligibility for federal financial aid. This provision allows for consideration of projected year income, rather than prior year income, to calculate a student's eligibility. **Your family situation must meet one of the criteria used by Central Piedmont Community College to determine special circumstances.** If your family meets a special circumstance requirement for the current award year, your eligibility may be recalculated using expected income from the upcoming tax year. Please put your student ID number on all forms submitted to the Financial Aid Office.

The decision reached by the Financial Aid/VA Office is final and cannot be appealed to the U. S. Department of Education.

Student Name: _____ Student ID #: _____

Address: _____ Telephone: _____

_____ Date: _____

PART I: Instructions for Completion

- **Please submit a copy of your completed tax return transcript from this past tax year and all current earnings and benefit documentation (or current year tax return transcript – if submitting the Professional Judgment after January 1st) along with a Verification Worksheet. Federal guidelines require that the aid administrator verifies and corrects any information on your FAFSA before your professional judgment can be reviewed.**
- Complete only the sections that apply to your situation and provide all required documentation.
- Provide all requested signatures. Write student name and student ID number at the top of all documents.
- If additional information is required, you will be notified promptly.

To ensure a more accurate income adjustment for those who have lost employment, please wait at least 90 days after the change has occurred to submit a request for review of special conditions under criteria A and B. If this occurs after the beginning of the fall semester, please wait to submit this judgment after you complete your taxes for the upcoming year.

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

*Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053*

You may submit, fax or mail your documents to any of our six locations.

Student Name: _____

Student ID Number: _____

PART II: List Household Members and Relationship, Including Self

Please list all family members. Independent students include spouse and dependent children. Dependent students include: self, parents, and dependent children in the parents' household. If a listed family member will be attending college at least half-time in one semester of the current school year, please include the name of the college.

Full Name	Age	Relationship	Name of College
		SELF	Central Piedmont Community College

PART III: Explanation of Situation

Please check one box that corresponds to your situation:

SITUATION	DOCUMENTATION REQUIRED
<input type="checkbox"/> Divorce or Separation	-Copy of divorce decree/separation papers or evidence of separate living accommodations -Copy of Tax Return Transcript and W-2's
<input type="checkbox"/> Retirement	-Letter of separation from employer -Copy of last pay stub showing earnings -Statement of Retirements benefits
<input type="checkbox"/> Death of parent/spouse	-Photocopy of death certificate
<input type="checkbox"/> Loss of Employment for Student, Spouse or Parent (loss employment must occur 16 weeks prior to request)	-Letter of separation from employer -Copy of last pay stubs from both previous and current jobs if applicable -Copy of unemployment benefits or statement of ineligibility for unemployment benefits - Copy of Tax Return Transcript
<input type="checkbox"/> Loss of other income	-Statement of benefits (e.g. Social Security benefits) -Letter from parent paying child support or Friend of the Court including stop date and amounts -Other applicable documentation to verify loss of other income - Copy of Tax Return Transcript
<input type="checkbox"/> Elementary/secondary tuition	-Copy of paid invoice-Letter certifying enrollment from school
<input type="checkbox"/> Medical expenses (only applies if you filed a 1040 Schedule A)	-Copy of Federal 1040 income tax return form <u>Schedule A</u>
<input type="checkbox"/> Disaster or Natural Causes	-Date disability occurred -Proof of disability (medical documentation, letter from vocational rehabilitation, etc.) -Copy of current year-to-date pay stubs from all jobs held -Proof of disability income
<input type="checkbox"/> Other	-Provide all supporting documentation

PART IV: Explanation of Circumstances and Additional Required Documents**A) Student, Spouse or Parental total loss of untaxed income or benefit for more than 10 consecutive weeks.**

This must be a complete loss of the benefit. The untaxed income or benefit must have been from a public or private agency, company, or person because of a court order. Do not include Veterans' educational benefits.

Check only one box that corresponds to your situation and provide the documentation listed whenever applicable.

Loss of unemployment compensation for _____ weeks in 20____ (year)

Required documentation of loss of unemployment compensation benefits:

- Copy of Tax Return Transcript, including all schedules, and Wage & Income Statement(s);
- Termination Letter;
- Unemployment insurance benefits;
- Letter from employer evidencing employment status change;
- Projected income earned for current year;
- Statement regarding any anticipated retirement benefits (including social security) for the current year

Loss of Social Security benefits for _____ weeks in 20____ (year)

Required documentation of loss of social security benefits:

- Copy of Tax Return Transcript, including all schedules, and Wage & Income Statement(s);
- Date benefits stopped;
- Documentation from agency providing benefits that states when benefits stopped and amount received (if any) in the current year;
- Copies of most recent pay stubs or statements of earnings to date for all employment of both parents

Loss of Disability benefits for _____ weeks in 20____ (year)

Required documentation of loss of disability benefits:

- Copy of Tax Return Transcript, including all schedules, and Wage & Income Statement(s);
- Date disability occurred;
- Proof of disability (medical documentation, letter from vocational rehabilitation, etc);
- Copy of current year-to-date pay stubs from all jobs held;
- Proof of disability income;
- Documentation on all other sources of parent income (taxable and non-taxable)

Loss of Welfare benefits for _____ weeks in 20____ (year)

Required documentation of loss of welfare:

- Copy of Tax Return Transcript, including all schedules, and Wage & Income Statement(s);
- Benefit provider's notification to you of loss of benefit;
- Copies of most recent pay stubs or statements of earnings to date for all employment of both parties;
- Documentation on all other sources of parent income (taxable and non-taxable)

Loss of Court Ordered Child Support for _____ weeks in 20____ (year)

Required documentation of loss of court ordered child support:

- Copy of Tax Return Transcript, including all schedules, and Wage & Income Statement(s);
- Court documents verifying loss and date/conditions of loss;
- Copies of most recent pay stubs or statements of earnings to date for all employment of both parties;
- Documentation on all other sources of parent income (taxable and non-taxable)

Other _____ for _____ weeks in 20____ (year)

Student Name: _____

Student ID Number: _____

B) Student, Spouse or Parental loss of employment for more than 90 consecutive days. This must be a complete loss of employment.

Check only one box that corresponds to your situation and provide the documentation listed whenever applicable.

Termination or cessation of employment for _____ weeks in 20____ (year)

Required documentation of termination or cessation of employment:

- Copy of Tax Return Transcript, including all schedules, and Wage & Income Statement(s)
- Employer's notice and/or written documentation of termination/cessation
- Copy of most recent pay stubs or statement of earnings to date for all employment of both parties
- Notice of application for unemployment compensation and amount received
- Documentation on all other sources of parent income (taxable and non-taxable)
- Attending Doctor's statement of disability
- Notification of Worker's Compensation
- Documentation of employer disability payments

Name of person who is unemployed _____

If not the student, please list the relationship _____

Disability or natural disaster; unable to earn money for _____ weeks in 20____ (year)

Required documentation of disability or natural disaster:

- Copy of Tax Return Transcript, including all schedules, and Wage & Income Statement(s)
- Attending Doctor's statement of disability
- Documentation of date disability or natural disaster resulted in termination of employment
- Documentation of employer disability payments
- Notification of Worker's Compensation
- Documentation of Official Declaration of Natural Disaster
- Copy of most recent pay stubs or statement of earnings to date for all employment of both parties
- Documentation on all other sources of parent income (taxable and non-taxable)

C) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, you and your spouse have separated or divorced.

Please provide the date you separated or divorced (month/day/year): _____

Required documentation:

- Copy of Tax Return Transcript, including all schedules, and Wage & Income Statement(s)
- Court documented separation agreement or divorce decree/settlement
- Copy of student's birth certificate

D) You have already filed your Free Application for Federal Student Aid (FAFSA or Renewal FAFSA) and, since that time, one of your parents has died.

Please provide the date your spouse died (month/day/year): _____

PART V: Personal Statement

Student Name: _____

Student ID Number: _____

PART VI: Reporting of Income

Please complete the following income chart to reflect actual and projected income for the year. If you need more space, attach a separate sheet of paper with the student's name and student ID number at the top.

This form will not be accepted until after April 1st.

	Actual YTD Income From Work	Actual YTD Untaxed Income	Source of Untaxed Income	Projected Income through December	Source of Projected Income through December
Parent 1 (Dependent Students)	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
Parent 2 (Dependent Students)	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
Student	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
Spouse (Independent Students)	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	

Be certain you have completed the following before submitting your appeal to us:

1. Provide a detailed letter of appeal that explains how your family's financial status has changed and indicate the situation that applies by checking the appropriate box on the front of this form.
2. Please complete all sections (*both sides*) of this form.
3. Attach required documentation.

Student Name: _____

Student ID Number: _____

PART VII: Certification Statements and Signatures for Corrections

I swear under penalty of perjury that all of the information contained in this application is true to the best of my knowledge. I understand that providing false or misleading information in an attempt to obtain federal financial aid can result in a fine of up to \$10,000 and/or incarceration. **I understand that failure to provide the required documentation may result in denial of this application.**

If your Professional Judgment is approved and you would like for us to indicate your estimated earnings for this year on your FAFSA, please read and sign the following:

I agree to have my corrections sent electronically by Central Piedmont Community College’s Financial Aid/VA Office.

I certify that all of the information provided and corrected on my Student Aid Report is true and complete to the best of my knowledge. If I am asked, I agree to give proof that any information is correct. This proof might include a copy of my U.S. Tax Return filed by my family or me. I understand that if I purposely give false or misleading information on my Student Aid Report, I may be subject to a \$20,000 fine, a prison sentence, or both.

Student’s Signature: _____

Date: _____

Date: _____

Spouse’s Signature (for married Independent Students)

Date: _____

Parent 1 (Father’s/Mother’s/Step-parent’s) Signature

Date: _____

Parent 2 (Father’s/Mother’s/Step-parent’s) Signature

(If you are a dependent student, it is required that at least one parent also sign the form.)

FOR FINANCIAL AID/VA OFFICE USE ONLY

Reviewed by: _____ Date: _____ APPROVED DISAPPROVED

Reason: _____

	Current Income	Current Taxes Paid	Adjusted Income for PJ	Adjusted Taxes Paid for PJ (per EDEExpress)
Parental Information	\$	\$	\$	\$
Student Information	\$	\$	\$	\$
Spouse Information	\$	\$	\$	\$

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

*Financial Aid/Veteran’s Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053*

You may submit, fax or mail your documents to any of our six locations.