

Student Information *(Please Print)*

Student's Last Name	Student's First Name	Student's M.I.	Student's CPCC Student ID#
Student's Street Address (include apt. no.)			Student's CPCC Email Address
City	State	Zip Code	Student's Telephone # <i>(include area code)</i>

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

Central Piedmont Community College recognizes special circumstances may affect a student's eligibility for federal financial aid. This request form is designed to document such information for review by the Financial Aid Office. Complete all sections of this form, and submit the form with the appropriate documentation. Decisions are final and are based upon regulatory parameters established by the U.S. Department of Education.

Reason for Professional Judgment

Check	Category	Explanation	Person(s) Affected	Required Documentation
<input type="checkbox"/>	Employment Change / Loss of Income	You/spouse/or your parent(s) had a significant loss of income in 2017, 2018 or 2019 due to a period of unemployment, a change of job, or going from full-time to part-time employment. Loss of employment or substantial reduction in income from work that lasted at least 6 weeks in 2017.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> 2019-2020 Household Verification Worksheet 2017 AND 2018 IRS Tax Return Transcripts, W-2s and/or 1099 statements Letter from former employer with termination date and last pay stub Print out of Unemployment Payment Record Public and/or other type(s) of Assistance Letter (if applicable)
<input type="checkbox"/>	Disability / Natural Disaster	You/spouse and/or your parent(s) earned money in 2016, but have not been able to earn money in 2017, 2018, or 2019 because of a disability or natural disaster that occurred in 2017 or 2018.	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> 2019-2020 Household Verification Worksheet 2017 and 2018 IRS Tax Return Transcripts, W-2s and/or 1099 statements Statement from agency with effective dates of benefits

Check	Category	Explanation	Person(s) Affected	Required Documentation
<input type="checkbox"/>	Benefit Loss	You/spouse and/or your parent(s) received unemployment compensation and/or untaxed benefits in 2017 or 2018, but have completely lost the benefit in 2019. The untaxed income or benefit must be from a public or private agency, from a company or from a person because of a court order	<input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> 2019-2020 Household Verification Worksheet 2017 and 2018 IRS Tax Return Transcripts, W-2s and/or 1099 statements Statements from agency with effective date(s) of loss/cancellation of benefits
<input type="checkbox"/>	Unusual Medical and Dental Expenses	For independent student/spouse and parents of dependent student. Provide statement indicating amount of medical/dental expenses not covered by insurance and from what sources these expenses will be paid.		<ul style="list-style-type: none"> Proof of amount paid for medical/dental insurance Amount of medical/dental expenses not paid by insurance
<input type="checkbox"/>	Elementary and Secondary Education, and Dependent Care Expenses	Please explain if the expenses are higher this year than last year and from what sources these expenses will be paid. Explain in your statement why these expenses are necessary.		<ul style="list-style-type: none"> Elementary or secondary education statement Dependent care bill.
<input type="checkbox"/>	Separation	You or your parent separated or divorced after filing the Free Application for Federal Student Aid (FAFSA)	<input type="checkbox"/> Student <input type="checkbox"/> Spouse	<ul style="list-style-type: none"> 2019-2020 Household Verification Worksheet 2017 and 2018 IRS Tax Return Transcripts, W-2s and/or 1099 statements Copy of divorce decree. If not legally separated, proof of different addresses (utility bill, lease, indicating period of separation) Child support received or paid
<input type="checkbox"/>	Death	Death of spouse or parent after filing (FAFSA)	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<ul style="list-style-type: none"> 2019-2020 Household Verification Worksheet 2017 and 2018 IRS Tax Return Transcripts, W-2s and/or 1099 statements Copy of death certificate Social Security benefits (if applicable)
<input type="checkbox"/>	Other			<ul style="list-style-type: none">

Personal Statement

Write a detailed personal statement of your special circumstance(s) below. The statement must include the date when the circumstance(s) changed and an explanation of how you/spouse and/or parent (dependent students) will support your living expenses for the next 12 month period. Please use a separate page if necessary. Please print legibly and clearly.

To ensure a more accurate income adjustment for those who have lost employment, please wait at least 12 weeks after the change has occurred to submit a request for review of special conditions. If this occurs after the beginning of the fall semester, please wait to submit this judgment until after you complete your taxes for the 2019 year.

Household Members and Relationship, Including Self & Number in College

Please list all household members as defined on the FAFSA. Independent students should include their spouse and dependent children. Dependent students include: self, parents, and dependent children included in the parents' household. **If a *listed* family member will be attending college at least half-time in at least one semester of the 2019-2020 school year, please also include the name of that college.**

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

Student Estimated Income

Instructions

1. Provide actual and estimated 2018 income for the student and spouse, if applicable.
2. For any income listed, submit supporting documentation. Documentation is required before your appeal can be reviewed. This may include but is not limited to: recent year-to-date paystubs, employer letter documenting last day of work, employer statement of severance payments and benefits, statement of unemployment benefits.
3. If a line item is left blank, you are certifying you have not received and there is no possibility of receiving income of that kind.

Sources of Income	Actual amounts from 1/1/19 to today (date of appeal)	Estimate amounts from today (date of appeal) to 12/31/19	Total (estimated) amounts for 2019
Student gross earnings from employer(s)	\$	\$	\$
Spouse gross earnings from employer(s)	\$	\$	\$
Severance Pay	\$	\$	\$
Investment Income: Dividends, Net Rental Income, etc.	\$	\$	\$
Alimony Received	\$	\$	\$
Business Net Income	\$	\$	\$
Capital Gains (Sale of Property, etc.)	\$	\$	\$
IRA/Retirement Account Withdrawals	\$	\$	\$
Pension and Annuity Income	\$	\$	\$
S corporation & Partnership Income	\$	\$	\$
Farm/Ranch Net Income	\$	\$	\$
Unemployment Compensation (Gross)	\$	\$	\$
Taxable Social Security Benefits/Disability	\$	\$	\$
Sources of Income - <i>continued</i>	Actual amounts from 1/1/19 to today (date of appeal)	Estimate amounts from today (date of appeal) to 12/31/19	Total (estimated) amounts for 2019
Untaxed Income			
Payments to Tax-Deferred Pension and Savings Plan	\$	\$	\$
IRA Deductions/Payments to SEP, SIMPLE, Keogh	\$	\$	\$
Child Support Received	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$
Untaxed Portions of IRA Distributions	\$	\$	\$
Untaxed Pension and Annuity Income	\$	\$	\$
Housing, Food and Other Living Allowances paid to you	\$	\$	\$
Non-Educational Veterans Benefits	\$	\$	\$
Other Untaxed Income (Worker's Compensation/Disability)	\$	\$	\$
Other Income (Bills Paid on your behalf)	\$	\$	\$
Additional Financial Information			
Child Support Paid	\$	\$	\$
Alimony Paid	\$	\$	\$
Taxable Earnings from Need-Based Work-Study	\$	\$	\$
Student Grants or Scholarships Reported to IRS	\$	\$	\$

Parent Estimated Income

Professional Judgment (Request for Adjustment to Family Income)

Instructions

1. Provide actual and estimated 2018 income for the parent/stepparent(s) whose information was used to complete the FAFSA.
2. For any income listed, submit supporting documentation. Documentation is required before your appeal can be reviewed. This may include, but is not limited to: recent year-to-date paystubs, employer letter documenting last day of work, employer statement of severance payments and benefits, statement of unemployment benefits.
3. If a line item is left blank, you are certifying you have not received, and there is no possibility of receiving, income of that kind.

Sources of Income	Actual amounts from 1/1/19 to today (date of appeal)	Estimate amounts from today (date of appeal) to 12/31/19	Total (estimated) amounts for 2019
Father/stepfather gross earnings from employer(s)	\$	\$	\$
Mother/stepmother gross earnings from employer(s)	\$	\$	\$
Severance Pay	\$	\$	\$
Investment Income: Dividends, Net Rental Income, etc.	\$	\$	\$
Alimony Received	\$	\$	\$
Business Net Income	\$	\$	\$
Capital Gains (Sale of Property, etc.)	\$	\$	\$
IRA/Retirement Account Withdrawals	\$	\$	\$
Pension and Annuity Income	\$	\$	\$
S Corporation & Partnership Income	\$	\$	\$
Farm/Ranch Net Income	\$	\$	\$
Unemployment Compensation (Gross)	\$	\$	\$
Taxable Social Security Benefits/Disability	\$	\$	\$
Untaxed Income			
Payments to Tax-Deferred Pension and Savings Plans	\$	\$	\$
IRA Deductions/Payments to SEP, SIMPLE, Keogh	\$	\$	\$
Child Support Received	\$	\$	\$
Tax Exempt Interest Income	\$	\$	\$
Untaxed Portions of IRA Distributions	\$	\$	\$
Untaxed Pension and Annuity Income	\$	\$	\$
Sources of Income - continued	Actual amounts from 1/1/19 to today (date of appeal)	Estimate amounts from today (date of appeal) to 12/31/19	Total (estimated) amounts for 2019
Housing, Food and Other Living Allowances paid to you	\$	\$	\$
Non-Educational Veterans Benefits	\$	\$	\$
Other Untaxed Income (Workers Compensation/Disability)	\$	\$	\$
Additional Financial Information			
Child Support Paid	\$	\$	\$
Alimony Paid	\$	\$	\$
Taxable Combat Pay or Special Combat Pay	\$	\$	\$

Elementary and Secondary Education, and Dependent Care Expenses

Complete this section if you have elementary and secondary school costs for dependent student's sibling or independent student's child.

NAME OF SUPPORTED FAMILY MEMBER	AGE	RELATIONSHIP	CHILD CARE EXPENSE	ELEMENTARY EDUCATION EXPENSE	SECONDARY EDUCATION EXPENSE	ADULT DEPENDENT CARE EXPENSE

For educational expenses, please provide receipts for tuition payments, canceled checks or a signed itemized statement of expenses.

Will any of the costs be reimbursed by another source? Yes No

Medical Expenses

Complete this section only if you have paid unusually high medical expenses.

Instructions:

Complete the following worksheet and provide documentation of medical expenses you paid or expect to pay in **one tax year**, such as billing statements documenting payments, receipts or account summaries from your health care providers. We cannot accept unpaid bills or an explanation of benefits as proof of payment. Please contact our office for help with completing this form or with any questions you may have about your personal circumstances.

For dependent students, report medical expenses paid by the parent (s) whose income is reported on the FAFSA. For independent students, report medical expenses paid by you and/or your spouse.

Medical Expenses Paid in 20_____ (year):

Please do not combine expenses from multiple years.

Date Service Was Received	Name of Medical Provider (doctor, dentist, optometrist, hospital, pharmacy, health insurance premiums, etc.)	Total Cost of Service Received (if known)	Amount Not Covered by Insurance	Amount Paid	Date You Paid	Supporting Documents Attached? Y / N	Recurring Expense? Y / N
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Certification and Signature

Please provide your signature. If you are a dependent student, please also provide one parent's signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Student Signature:	Date:
Parent Signature (Dependent Students Only):	Date: