



# 2021-2022 REQUEST FOR PROFESSIONAL JUDGMENT CONSIDERATION

## Independent Student

Name \_\_\_\_\_ ID (required) \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### INSTRUCTIONS

Complete both sides of this form after you have submitted a 2021-2022 Student Aid Report and after you have received your Student Aid Report (SAR). Do not leave any blanks in Section B. Sign and date this form after it has been completed and return it to the Financial Aid Services Office with the required documentation.

### Section A

\_\_\_\_\_ You \_\_\_\_\_ or your spouse \_\_\_\_\_ worked in 2020, but are now unemployed or working on a reduced-hours basis during 2021.

Date unemployment/reduced hours began: \_\_\_\_\_

Name and address of 2020 employer: \_\_\_\_\_  
\_\_\_\_\_

Documentation: Proof of unemployment or reduced hours    2019 tax forms    2019 W-2s and/or 1099s  
2020 tax forms    2020 W-2s and/or 1099s    2021 last check stub(s)

\_\_\_\_\_ You \_\_\_\_\_ or your spouse \_\_\_\_\_ received unemployment compensation, Social Security, or some other income or benefit in 2020 but have had that income or benefit terminated or reduced for 2021.

Income/benefits could include, but are not limited to:

- Social Security benefits, including SSI
- Court-ordered child support
- Unemployment benefits
- Monthly public aid benefits
- Lump-sum pension distribution or compensation benefits (Submit 1099)

Date of income or benefit loss or reduction: \_\_\_\_\_

Income or benefit lost: \_\_\_\_\_

Documentation: Proof that benefits have been stopped or reduced.

\_\_\_\_\_ You and your spouse have separated and/or divorced.

Date of separation or divorce, whichever is earlier: \_\_\_\_\_

Documentation: Divorce decree or notarized statement signed by you and a notary certifying separation.

\_\_\_\_\_ Your spouse has died or become disabled during or after 2020.

Date your spouse died or became disabled: \_\_\_\_\_

Documentation: Death Certificate or Physician's Statement.

\_\_\_\_\_ You have paid medical bills and insurance premiums in 2020 or 2021 out of your own pocket.

Documentation: Proof from health providers of amount you personally paid or a copy of an agreement to pay.

\_\_\_\_\_ You were a victim of a natural disaster in 2020 or 2021 that has reduced available assets or income upon which eligibility was based.

Documentation: Written description of disaster and resulting loss of income or assets.

\_\_\_\_\_ You are handicapped and have additional educational expenses because of your handicap that are not reimbursed by any agency.

Documentation: Receipts or projected billing for expenses.

\_\_\_\_\_ Other unusual circumstances (Please describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SECTION B**

The student must complete ALL of the following information:

Number of family members in the household during the 2021-2022 school year \_\_\_\_\_

Number of family members in college at least half-time for at least one term during the 2021-2022 school year \_\_\_\_\_

Your expected income from wages or self-employed income in 2021 \$ \_\_\_\_\_

Your spouse's (if not separated or divorced) expected income from wages or self-employed income in 2021 \$ \_\_\_\_\_

You (and your spouse's, if not separated or divorced) expected other taxable income In 2021 (e.g. Unemployment, Social Security, Pension, Retirement Fund Withdrawal/ Disbursement, Interest/Dividend Income, etc.) \$ \_\_\_\_\_

Expected income tax to be paid in 2021 (If left blank, we will estimate for you) \$ \_\_\_\_\_

You (and your spouse's, if not separated or divorced) expected non-taxable income or benefits in 2021 \$ \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **To Be Completed by The Financial Aid Office**

\_\_\_\_\_ **Approved**

\_\_\_\_\_ *Disapproved*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Comments:* \_\_\_\_\_

\_\_\_\_\_