

Professional Judgment Review Application: Academic Year 2018-2019

PRFJ

The application will be returned if all pages are not completed in full or if pages are missing from the submission.

STUDENT'S NAME: _____ STUDENT ID: _____

TERM: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____

This application should be used after the **2018-2019 Free Application for Federal Student Aid (FAFSA)** has been submitted and verified, and all necessary corrections processed. This form is only completed if there **is a recent extenuating circumstance** that has caused a significant decrease in the current year's taxable or non-taxable income. Please be advised if the financial change is not significant, this petition will not be processed.

Federal guidelines dictate that professional judgment reviews are evaluated on a case-by-case basis to modify the cost of attendance or the information used to determine an individual's Expected Family Contribution (EFC). Please be advised that the initial *FAFSA* must be processed first before any award can be reevaluated through a Professional Judgment Review. This means that the verification process has to be completed first. The student is notified of the final decision through the Polk State College email. The Office's decision regarding FAFSA adjustment is final and cannot be appealed.

Circumstances that may require an individual to seek professional judgment include, but are not limited to:

- Additional non-elective medical, dental, or nursing-home expenses (i.e., not covered by insurance).
- An income reduction due to recent job loss, death, or a loss of a family member in the household as defined in the *Workforce Investment Act of 1998*, Section 101.
- An individual becomes homeless or a dislocated worker as defined by *Higher Education Opportunity Act (HEA)*, Section 487.
- Additional expenses pertaining to elementary or secondary school tuition.
- The documentation of unusually high childcare expenses (i.e., for independent students only).
- The conversion of an IRA to a Roth IRA (i.e., this is considered but not required).
- Changes to household income or assets (i.e., the Office reserves the right to accept/deny these circumstances).

Please be aware that during peak time of financial aid application, there may be a delay in the review of Professional Judgment Applications. Please ensure that the application meets the financial-aid-guarantee deadline located on the Polk State College Academic Calendar. Any questions or concerns should be directed to the Polk State Processing Supervisor at **863.292.3765**.

Please answer all of the following questions.

A. Income Reduction:

Will your income and/or your parents'/spouse's income be less in the 2018 Calendar Year than the amount reported on the FAFSA? **If so, select a reason for this change:**

___ 1. **Unemployment** Date: _____

Required Documents:

- a. Letterhead document with termination date
 - b. Unemployment documentation (i.e., showing weekly payments received)
 - c. Certification of the total 2018 unemployment benefits eligibility
 - d. Earnings up to the last date of employment
 - e. *The 2016 Tax Return Transcript*
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2. **Change in Employment** New Hiring date: _____

Required Documents:

- a. Document on letterhead with termination date
 - b. Verification of new employment (e.g., offer letter from new employer)
 - c. Paystub or proof of income for new employment
 - d. *The 2016 Tax Transcript* (This is for verification purposes.)
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3. **Retirement** Effective date: _____

Required Documents:

- a. Retirement Verification (i.e., statement for 2018)
 - b. Last date of employment (i.e., provide document from employer)
 - c. 2018 earnings up to the last date of employment
 - d. *The 2016 Tax Transcript* (This is for verification purposes.)
 - e. The *DD-214 Form*, if discharged from the military
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4. **Divorce/Separation** Effective date: _____

Required Documents:

- a. **Divorce:** A copy of the divorce decree (i.e., final judgment)
 - b. **Separation:** A court document of separation **or** a signed copy from an attorney indicating the date of separation
 - c. Documentation of any alimony or child support being received or paid out
 - d. *The 2016 Tax Return Transcript* (i.e., both parties)
 - e. *The 2016 W-2 Forms* (i.e., both parties)
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5. **Death of a Spouse or Parent** Date of death: _____

Name of deceased: _____ Relationship to the student: _____

Required Documents:

- a. Final paycheck
 - b. Copy of death certificate, decree, or obituary
 - c. Document of any death benefits (e.g., Social Security)
-

6. **Disability** Date of determination: _____

Required Documents:

- a. Doctor's letter of diagnosis
 - b. Disability approval and benefit(s) received from June 2016
-

7. **One-Time Payment Reported on Income Tax** (e.g., investments, pension, inheritance) / **Untaxed Income/Loss of Benefits** (Effective date of loss: _____)

Check Applicable: ___ Child Support ___ Alimony ___ Workman's Comp ___ Social Security ___ Disability

Other: _____ (If other, please state the benefit received and the amount.)

Required Documents:

- a. Verifiable documentation of total expected child support for each child
- b. Verifiable documentation of alimony; expected Worker's Compensation, Social Security, or Disability benefits (i.e., based the individual's circumstance); 401K and/ or IRA payment; or inheritance.

B. Non-Elective Medical and Dental Expenses

Medical, dental, or nursing home expenses for 2018 that are not covered by insurance: _____

Required Documentation:

- a. *IRS 2016 Tax Transcript, Schedule A – Itemized Deductions*
- b. **Paid** receipts for medical and/or dental bills **NOT** covered by insurance (highlight individual portions of payments)

C. Dependent, Disability, and/or Handicap-Care Expenses

Unusual Medical/Dental Expenses:

Note: Medical and dental expenses up to 11% of the family's income are already taken into account by the federal Needs Analysis Formula when determining financial aid eligibility; therefore only the portion that exceeds the 11% is considered as an "unusual circumstance."

1. Do you pay for elementary or secondary education expenses? (Check one) **Yes** ___ **No** ___
2. Do you pay for the care of a family member with a disability or handicap? (Check one) ___ **Yes** ___ **No** ___

List family member(s) and the amount of expenses:

List family member(s) and the amount of expenses:

Family Member's Name: _____ Age: ___ Relationship: _____

2018 Elementary Education Expense: _____ 2018 Secondary Education expense: _____

3. Do you have dependent-care expenses for elderly or disabled family member(s)?
(Check one) ___ **Yes** ___ **No** ___

Family Member's Name: _____ Age: ___ Relationship: _____

Total Care Expenses 2018: _____

Required Documentation:

- a. Signed 2016 1040 Federal Tax Returns and all attachments
- b. Paid receipts for payments made in 2018

D. Childcare Expenses (i.e., independent students only)

List all children enrolled in childcare and the amount paid:

Family Member's Name: _____ Age: ___ Relationship: _____

Total 2018 Expense: _____

Required Documentation:

- a. Signed 2016 1040 Federal Tax Return
- b. Receipts for payments made in 2017

E. Unusual Debts

Note: Debts for automobiles, mortgages, credit cards, and school loans are not considered unusual debts.

1. Do you have unusually high debts or loans due to a failed business for which you are currently making monthly payments? (Circle one) Yes / No

If yes, provide the following information: (Note: If additional debts have been incurred, write the information on an additional sheet of paper and attach it to this application.)

- a. Type or cause debt: _____
- b. Owed by: _____
- c. Amount of original debt: _____
- d. Date incurred (month/year): _____
- e. Balance owed on debt: \$ _____
- f. Date payments began (month/year): _____
- g. Monthly payment: \$ _____
- h. Holder of debt: _____

i. Will these expenses increase in 2018? (Check one) ___Yes ___No Please explain why:

j. From what resources will you finance these expenses?

Required Documentation:

- a. Contract
- b. Lien
- c. Billing or payment summary from person, company, or agency to which the debt is owed.

Estimated Income for 2018 Calendar Year

(Please complete all applicable sections.)

If you (the student) are divorced or separated, please include only YOUR income information. If your parents are divorced or separated, please include only YOUR CUSTODIAL PARENT'S income information. If your custodial parent has remarried, you must include his or her spouse's income information as well. If the loss of income is due to the death of your (the student's) spouse/parent, include only YOUR income information, OR that of the SURVIVING PARENT.'

NOTE: Write in zero (0) if an item does not apply (1/1/2018 – 12/31/2018)

Taxable:

Wages, Salaries, and Tips (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

State Unemployment Benefits (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Pension (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Alimony (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Other (please specify)(Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Non-Taxable:

Social Security Benefits (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Child Support Received (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Other Untaxed Income/Benefits (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Total Anticipated Income (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Cash and Savings (Please enter amount on the appropriate line below)

Father: _____ Mother: _____ Student/Spouse: _____

Household Size and Number in Post-Secondary School

This section **MUST** be completed if your household size, or number of family members enrolled in post-secondary education, has changed since you completed the original *FAFSA*. Include the number of people that your parents (or you and your spouse) will support from July 1, 2018 through June 30, 2019. Include yourself (the student) in this figure. Then fill in the number of people in the household that will be attending post-secondary school between July 1, 2018 and June 30, 2019. Include yourself (the student), and include only other family members in the household who are enrolled in classes on at least a half-time basis (six or more credit hours) in a degree or certificate program.

Total Number of Family Members: _____ Number in College: _____

Explanation of Expenses and/or Income Reduction

Please explain in detail the reason(s) for the request for special consideration. Provide details of your income reduction, extenuating circumstances, or additional expenses. Provide an additional sheet if necessary.

Certification Statement:

Note: *Although your **Professional Judgment Application** may be approved, it may NOT warrant additional aid due to the availability of funds.*

I (We) certify that the information provided on this form is complete and accurate to the best of my (our) knowledge. If additional changes occur during the current Academic Year that would alter the information provided on this Professional Judgment Application, I (we) agree to immediately contact the Office of Student Financial Services.

WARNING:

If you purposely give false or misleading information on this document, you will be fined, sentenced to jail, or both.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

(Step) Father's Signature: _____ Date: _____

(Step) Mother's Signature: _____ Date: _____

REVIEW DECISION:

Signature of Polk State Processor: _____ Date: _____

Print Name: _____ Phone/Ext: _____

DECISION NOTE:

Office of Student Financial Services
999 Avenue H, N.E.
Winter Haven, FL 33881-4299
Phone: 863.297.1004
Fax: 863.298.6850
Email: financialaid@polk.edu