

PROFESSIONAL JUDGMENT REVIEW APPLICATION
2016-2017 (Academic year)

PRFJ

ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS SECTION. (THE APPLICATION WILL BE RETURNED IF ALL APPLICABLE PAGES ARE NOT COMPLETED AND SUBMITTED.)

STUDENT ID	LAST NAME	FIRST NAME	
TERM	ACADEMIC YEAR	PRIMARY MAJOR	
STREET ADDRESS	CITY	STATE	ZIP CODE
() HOME PHONE	() WORK PHONE	() CELL/MESSAGE PHONE	

This application should be used AFTER the **2016-2017** Free Application for Federal Student Aid (FAFSA) has been submitted, verified and all necessary corrections have been processed. Complete this form **ONLY if there is a recent unusual and/or extenuating circumstance** that has caused a significant decrease in your current year's taxable or non-taxable income.

Federal guidelines dictate that professional judgment reviews are evaluated on a case-by-case basis to modify your cost of attendance or the information used to determine your Expected Family Contribution (EFC). Be advised that your initial FAFSA application must be processed first, before your award can be reevaluated through a professional judgment review. You will be notified of the final decision through your PSC email. The office's decision regarding adjustments is final and cannot be appealed.

For questions or concerns, you may contact the Compliance Quality & Assurance Coordinator at **863-292-3767**.

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

- Non elective medical/ dental/ nursing home expenses (not covered by insurance)
- Income reduction due to job loss or recent unemployment, death, or loss of family member in the household as defined in section 101 of the Workforce Investment Act of 1998.
- Homeless or dislocated worker as defined by HEA Sec.487
- Elementary/ secondary school tuition
- Unusually high child care expenses (for independent students only)
- Conversion of IRA to Roth IRA (Considered but not required)
- Changes to household income or assets (*the office reserves the right to accept/deny these circumstances*)

Please be aware that during peak time, there may be a delay in reviewing Professional Judgment applications.

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

A. INCOME REDUCTION

Will your income and/or your parents(s)/spouse's income equal less in the 2015 calendar year than the amount reported on your FAFSA? **If so, select one reason below:**

1. **UNEMPLOYMENT** Date: _____

Required Documents:

Letterhead document with termination date

1. Unemployment document (Showing weekly payments received)
 2. Certification of total 2015 unemployment benefits eligibility
 3. Earnings up to the last date of employment
 4. 2015 Tax Return Transcript
-

2. **CHANGE IN EMPLOYMENT** New Hiring date: _____

Required Documents:

Letterhead document with termination date

1. Verification of new employment (Ex: Offer letter from new employer)
 2. Paystub or proof of income for new employment
 3. 2015 Tax Transcript (*This is for verification purposes*)
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3. **RETIREMENT** Effective date: _____

Required Documents:

Retirement Verification (statement for 2015)

1. Last date of employment (Provide document from employer)
 2. 2015 earnings up to the last date of employment
 3. 2015 Tax Transcript (*This is for verification purposes*)
 4. DD-214 document (if discharged from the military)
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4. **DIVORCE / SEPARATION** Effective date: _____

Required Documents:

1. **Divorce:** Copy of divorce decree (***final judgment***)
 2. **Separation:** Court document of separation **or** signed copy from attorney indicating date of separation
 3. Documentation of any alimony or child support being received or paid out
 4. 2015 Tax Return Transcript (both parties)
 5. 2015 W-2 forms (both parties)
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5. **DEATH** Date of death (**Parent/Spouse only**): _____

Name of deceased and relationship to student: _____/_____

- Required Documents:
1. Final Paycheck
 2. Copy of death decree/ Obituary
 3. Document of any death benefits, ex: Social Security (if applicable)
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6. **DISABILITY** Date of determination: _____

- Required Documents:
1. Documentation of diagnosis letter
 2. Disability approval and expected benefits for 2015
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7. **LOSS OF BENEFITS AND/OR UNTAXED INCOME** Effective date _____

Child Support Alimony Workman's Comp Social Security Disability Other: _____

Required Documents:

1. Verifiable document with total expected child support for each child,
2. Verifiable document showing alimony, Worker's Compensation, Social Security or Disability amount expected (based on your circumstance).

B. NON ELECTIVE MEDICAL/DENTAL EXPENSES (NOT COVERED BY INSURANCE)

- Expenses for medical/ dental/ nursing home expenses for 2015 (not covered by insurance) _____

Required Documentation : (1.) IRS Tax Transcript, Schedule A – Itemized deductions and (2.) **Paid** receipts for medical and/or dental bills **NOT** covered by insurance. (*HIGHLIGHT YOUR PORTION OF THE PAYMENT.*)

C. DEPENDENT/ DISABILITIES AND/OR HANDICAPS CARE EXPENSES

UNUSUAL MEDICAL/DENTAL EXPENSES

MEDICAL/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 OF EXPENSES, WHICH EXCEEDS 11%, WILL BE CONSIDERED AS AN UNUSUAL CIRCUMSTANCE.

1. Do you pay for elementary or secondary education expenses? Do you pay for the care of a family member with a disability or handicap?
 Yes No

List family member(s) and the amount of expenses for each by completing the grid below:

Family Member's Name	Age	Relationship	2015 Elementary Education Expense	2015 Secondary Education expense

2. Do you have dependent care expenses for elderly or disabled family member(s)?
 Yes No

Family Member's Name	Age	Relationship	Total Care Expenses 20_15__

- Required Documentation: 1. 2015 1040 Federal Tax Returns and all attachments
 2. **Paid** receipts for care payments made in 2015

D. CHILDCARE EXPENSES (INDEPENDENT STUDENTS ONLY)

List your children enrolled in childcare and the amount paid in grid below:

Family Member's Name	Age	Total 20__15_____Expense

- Required Documentation (2): 1. 2015 1040 Federal Tax Return
 2. Receipts for payments made in 2015

E. UNUSUAL DEBTS

NOTE: *Debts accrued for automobile, mortgage, credit cards, and school loans are NOT unusual debts.*

1. Do you have unusually high debts or loans due to failed business, for which you are currently making monthly payments?

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 of debt: _____
- b) Owed by whom? _____
- 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 20____? Explain why:

- k) From what resources will you finance these expenses?

Required Documentation:

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

**ESTIMATED INCOME FOR CURRENT 20____ CALENDAR YEAR
(Please complete applicable sections)**

If you (the student) are divorced or separated, include only YOUR income information. If your parents are divorced or separated, include only YOUR CUSTODIAL PARENT'S income information. If your custodial parent has remarried, you must include his/her spouse's income information. 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'S income information.

NOTE: Write in zero (0) if an item does not apply (1/1/20____ – 12/31/20____)

	Father	Mother	Student	Spouse
Taxable: Wages, Salaries, and Tips				
State Unemployment Benefits				
Pension				
Alimony				
Other (please specify)				

Non-Taxable: Social Security Benefits				
AFDC				
Child Support Received				
Other Untaxed Income/Benefits				
Total Anticipated Income				
Cash & Savings				

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.

Write the number of people that your parents (or you and your spouse) will support July 1, 20____ current year and June 30, 20____ coming year in January. Include yourself (the student) in this figure. Write in the number of people from the household who will be attending post-secondary school between July 1, 20____ and June 30, 20____. Include yourself (the student), but include only other family members in the household who are enrolled on at least a half-time basis in a degree or certificate program.

Total Number of Family Members: _____

Number in College: _____

EXPLANATION OF EXPENSES AND/OR INCOME REDUCTION

(Please complete this section.)

Please explain in detail the reason(s) for your 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 availability of funds.

We certify that the information provided on this form is complete and accurate to the best of our knowledge. If additional changes occur during the current academic year that would alter the information provided on this Professional Judgment Application, we will immediately contact the Office of Student Financial Services.

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

Student Signature: _____ Date: _____
Spouses Signature: _____ Date: _____
(Step) Father's Signature: _____ Date: _____
(Step) Mother's Signature: _____ Date: _____

DECISION OF REVIEW:

Signature of Polk State Processor: _____ Date: _____
Print Name: _____ Phone/Ext: _____

DECISION:

