

PROFESSIONAL JUDGEMENT REVIEW APPLICATION

PRFJ

(Academic year)

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	
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 20____-20____ Free Application for Federal Student Aid (FAFSA) has been submitted. Complete these forms **ONLY if there have been recent unusual or extenuating circumstances** which have caused a significant decrease in your last year's taxable or non-taxable income.

Each request for a special circumstance review is evaluated on an individual basis. In order to have your award reevaluated; your initial award must be processed first. The number of special circumstance requests by this office may possibly cause a delay in reviewing your application. The student will be notified by mail/email of the decision.

Circumstances which might be considered unusual or extenuating may include (but are not limited to) the following:

- Non elective medical/dental expenses (not covered by insurance)
- Income reduction/job loss or change in income/Change in number in household
- Dependent care expenses (for family members with disabilities or handicapped)
- Child care expenses (for independent students only)
- Unusual, unexpected out-of-pocket debts (professional license, repairs, etc.)
- Other (one-time budget increase for purchase of computer or laptop)

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 be less in the 2015 calendar year than reported on your FAFSA? **If so, select one reason below:**

☐ 1. **UNEMPLOYMENT** Effective Date _____ New Date of Employment _____

Required Documents (4): 1. Unemployment Verification
2. Certification of total 2014 unemployment benefits eligibility
3. 2014 earnings up to the last date of employment
4. 2014 Tax Return Transcript

☐ 2. **CHANGE IN EMPLOYMENT** Effective date _____

Required Documents (4): 1. Employment Verification
2. First and/or last date of employment
3. 2014 earnings up to the last date of employment
4. 2014 Tax Return Transcript

☐ 3. **RETIREMENT** Effective date _____

Required Documents: Retirement Verification (retirement statement for 2014)
First and/or last date of employment
2014 earnings up to the last date of employment
2014 Tax Return Transcript
If military discharge, copy DD214
Certification of unemployment benefits (if applicable)

☐ 4. **DIVORCE / SEPARATION** Effective date _____

Required Documents (1): Divorce: Copy of divorce decree
Separation: Copy of legal separation or
Signed copy from attorney indicating date of separation or
A notarized statement verifying separation
Rent and/or utility receipts for both parents
2014 Tax Return Transcript (both parties)
2014 W-2's (both parties)

☐ 5. **DEATH** Effective date _____

Required Documents (2): 1. Obituary 2. Copy of death decree

☐ 6. **DISABILITY** Effective date _____

Required Documents (2): 1. A letter from the doctor stating the nature and date of disability
2. Copy of expected Social Security benefits for 2015

☐ 7. **LOSS OF BENEFITS AND/OR UNTAXED INCOME** Effective date _____

☐ Child Support ☐ Alimony ☐ Workman's Comp ☐ Social Security ☐ Disability ☐ Other

Required Documents: 1. Letter certifying appropriate loss on verifying letterhead.

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

- How much did you/your parent(s) pay for medical/dental insurance in 20__ (Do not include employer's contribution. Must be this past year)
- Amount paid for 20__ medical/dental expenses not paid by insurance.
- Amount expected to pay for current year 20__ for medical/dental expenses not paid by insurance

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 EXCEED 11%, WILL BE CONSIDERED AN UNUSUAL CIRCUMSTANCE.

Required Documentation (2): _____ (1.) IRS Tax Transcript, Schedule A – Itemized deductions and (2.) paid receipts of medical and dental payments **NOT** covered by insurance. (HIGHLIGHT YOUR PORTION OF THE PAYMENT.)

C. DEPENDENT CARE EXPENSES FOR FAMILY MEMBERS WITH DISABILITIES AND/OR HANDICAPS

1. Do you pay for elementary or secondary education expenses for 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	Elementary Ed Expense	Secondary Ed Expense	Total (current year) Expenses

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__

- Required Documentation (3): 1. 20__ 1040 Federal Tax Returns and all attachments
2. Paid receipts for payments made in 20__
3. Letter from caregiver stating amount of payment for the 20__ year

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_____Expense

Required Documentation (3): 1. 20_____ 1040 Federal Tax Return
2. Receipts for payments made in 20_____
3. Letter from daycare provider stating total fees paid by student in 20_____

E. UNUSUAL DEBTS

NOTE: Debts like car, mortgage, credit cards, and school loans are NOT unusual debts.

1. Do you have unusually high debts or loans due to unemployment, failed business, or emergency medical expenses within 20_____ 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 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) Date payments began (month/year): _____
j) Will these expenses be higher in 20_____? Explain why:

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

Required Documentation (1): ● Contract, or
● Lien, or
● Billing or payment summary from person, company, or agency to which 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 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 between 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 others 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. Give details of your income reduction, extenuating circumstances, or additional expenses. Provide an additional sheet if necessary.

CERTIFICATION STATEMENT:

Note: Although your Special Circumstances 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 Special Circumstances Form, we will immediately contact the Student Financial Services Office.

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:

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