

2017-2018 Professional Judgment Form

If your family situation has been altered significantly from the information you were required to provide on the 2017-2018 FAFSA, your 2015 income information may no longer be an accurate indicator of your family's ability to contribute to your educational costs. In some cases, Student Financial Services may make an adjustment and use actual or projected income rather than 2015 income information.

What You Should Do

1. Complete the 2017-2018 Standard Verification Worksheet.
2. In addition to the supporting documentation for the circumstance listed below, submit the following:
 - 2015 and 2016 W-2(s) and/or 1099(s) and if applicable, Schedule C form from student and/or spouse (if married) or parent(s) (if dependent)
 - 2015 and 2016 student/parent IRS Tax Return Transcripts (copies of your 1040 tax returns will not be accepted)
 - A signed letter explaining the special circumstances/reason for your request for a professional judgment

If processed after January 1, 2018, a 2017 Tax Return Transcript and 2017 W-2(s), 1099(s) and Schedule C forms must be submitted.
3. Submit documentation to the Office of Student Financial Services, 1000 Viking Drive, Hillsboro, MO 63050.

All circumstances require accurate and complete supporting documentation before consideration. Any materials that you believe would be beneficial to your family's current financial situation should be included. Additional documentation is often requested during review.

Special Circumstance and Supporting Documentation

| Check the Appropriate Reason | Attach Supporting Documentation and Check All That Apply |
|--|--|
| <input type="checkbox"/> Loss of Employment <i>(Must have been unemployed for at least 10 consecutive weeks)</i> | <input type="checkbox"/> Unemployment Benefits <ul style="list-style-type: none"> <input type="checkbox"/> Yes - Provide notification from Unemployment Office including printout of start and end dates showing monthly amounts received/to be received <input type="checkbox"/> No – Provide denial letter from Unemployment Office <input type="checkbox"/> Letter from previous employer concerning loss of job and date work ceased |
| <input type="checkbox"/> Reduction/Significant Change in Income <i>(Change must have occurred for at least 10 consecutive weeks)</i> | <input type="checkbox"/> Official statement from agency listing amount of benefits to be received in 2017 reflecting reduction/cancellation and benefits paid to date <ul style="list-style-type: none"> <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Disability <input type="checkbox"/> Other: _____ <input type="checkbox"/> Letter from employer(s) concerning reduction in income and paycheck stubs |
| <input type="checkbox"/> Separation or Divorce <i>(If you have separated or divorced after filing the 2017-2018 FAFSA)</i> | <input type="checkbox"/> Separation <ul style="list-style-type: none"> <input type="checkbox"/> Date of separation: _____ <input type="checkbox"/> Proof of change of residence demonstrating you no longer reside with your spouse (copies of lease, utility bill, etc. showing a different address) <input type="checkbox"/> Spouse Tax Return Transcript with W-2(s), 1099(s), and/or Schedule C(s) <input type="checkbox"/> Legal documents/letter relating to separation <input type="checkbox"/> Divorce <ul style="list-style-type: none"> <input type="checkbox"/> Divorce decree <input type="checkbox"/> Spouse Tax Return Transcript with W-2(s), 1099(s), and/or Schedule C(s) |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Marriage License |

Student Name

Jefferson College Student ID #

| | |
|---|--|
| <input type="checkbox"/> Death of a Parent or Student's Spouse After Applying for Federal Student Aid | <input type="checkbox"/> Death certificate or obituary notice <input type="checkbox"/> All W-2(s) and/or 1099(s), and if applicable, Schedule C forms |
| <input type="checkbox"/> Unusually High Medical Expenses Not Covered by Insurance (Expenses must exceed 11% of adjusted gross income and not be claimed as a deduction on taxes.) | <input type="checkbox"/> Paid receipts indicating out-of-pocket payment <input type="checkbox"/> Schedule A from IRS 1040 |
| <input type="checkbox"/> One-Time Income | <input type="checkbox"/> Documentation supporting the cause of this one-time event <input type="checkbox"/> IRS 1099-R (if applicable) <input type="checkbox"/> 2015 and 2016 Tax Return Transcripts. <i>If processed after January 1, 2018, also include a 2017 Tax Return Transcript.</i> |

Other Estimated Income for 2017

List below other additional income that was not received in 2015 that your family anticipates receiving in 2017 due to your special circumstance. For example, if after loss of employment, you anticipate cashing in a pension/annuity; if after divorce, you anticipate getting child support or alimony; if after the death of a spouse, you anticipate receiving life insurance benefits, etc.

| Type of Income | Anticipated Yearly Total |
|----------------|--------------------------|
| | |

Signature

Students will be notified when a professional judgment decision is made. Please allow the Office of Student Financial Services 4-6 weeks to respond. This notification may be in the form of an email to your Jefferson College account, corrected Student Aid Report, and/or updated award letter. Each request will be reviewed on a case-by-case basis. **Incomplete forms submitted without the required documentation will not be considered.** Approval of this application does not guarantee that you will receive additional financial aid.

By signing this worksheet, I (we) certify that the information is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

| | | | |
|---------------------------|------------|---|------------|
| Student's Signature _____ | Date _____ | Parent's Signature (If a dependent student) _____ | Date _____ |
|---------------------------|------------|---|------------|

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Approved- Reason: _____

Denied- Reason: _____

New Student AGI: _____ New Taxes Paid: _____ New Student Wages: _____ New Spouse Wages: _____

New Parent AGI: _____ New Taxes Paid: _____ New Parent 1 Wages: _____ New Parent 2 Wages: _____

New EFC _____ Old EFC _____ FAA Signature: _____