2015-2016 Professional Judgment Form

If your family situation has been altered significantly from the information you were required to provide on the 2015-2016 FAFSA, your 2014 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 2015 projected or actual income rather than 2014 income information.

What You Should Do

2. In addition to the supporting documentation for the circumstance listed below, submit the following:
   - 2014 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)
   - 2014 student/parent 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, 2016, a 2015 Tax Return Transcript and 2015 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

- **Loss of Employment**
  - (Must have been unemployed for at least 10 consecutive weeks)

- **Reduction/Significant Change in Income**
  - (Change must have occurred for at least 10 consecutive weeks)

- **Separation or Divorce**
  - (If you have separated or divorced after filing the 2015-2016 FAFSA)

### Attach Supporting Documentation and Check All That Apply

- **Unemployment Benefits**
  - Yes - Provide notification from Unemployment Office including printout of start and end dates showing monthly amounts received/to be received
  - No – Provide denial letter from Unemployment Office
  - Letter from previous employer concerning loss of job and date work ceased

- **Official statement from agency listing amount of benefits to be received in 2014 reflecting reduction/cancellation and benefits paid to date**
  - Social Security
  - Unemployment Benefits
  - Worker’s Compensation
  - Disability
  - Other: _______________
  - Letter from employer(s) concerning reduction in income and paycheck stubs

- **Separation**
  - Date of separation: _______________
  - Proof of change of residence demonstrating you no longer reside with your spouse (copies of lease, utility bill, etc. showing a different address)
  - Spouse Tax Return Transcript with W-2(s), 1099(s), and/or Schedule C(s)
  - Legal documents/letter relating to separation

- **Divorce**
  - Divorce decree
  - Spouse Tax Return Transcript with W-2(s), 1099(s), and/or Schedule C(s)

- **Marital Status**
  - Marriage License
Death of a Parent or Student's Spouse After Applying for Federal Student Aid

- Death certificate or obituary notice
- All W-2(s) and/or 1099(s), and if applicable, Schedule C forms

Unusually High Medical Expenses Not Covered by Insurance

- Paid receipts indicating out-of-pocket payment
- Schedule A from IRS 1040

(Expenses must exceed 11% of adjusted gross income and not be claimed as a deduction on taxes.)

One-Time Income

- Documentation supporting the cause of this one-time event
- IRS 1099-R (if applicable)
  *If processed after January 1, 2016, also include a 2015 Tax Return Transcript.*

Other Estimated Income for 2015

List below other income that was not received in 2014 that your family anticipates receiving in 2015 due to your special circumstances that was not documented above. 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.

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Anticipated Yearly Total</th>
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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

FOR OFFICE USE ONLY

- Approved- Reason: ____________________________
- Denied- Reason: ____________________________


New EFC ________ Old EFC ________ FAA Signature: ____________________________