Office of Financial Aid
Professional Judgment Form

Dear Student/Parent:

You have indicated a change in your family's income or circumstance for review. In order to reevaluate your FAFSA data using your family's FAFSA reported income (2 years prior) or projected annual income; please complete the attached form. Before beginning this process review your Student Aid Report at www.fafsa.ed.gov; **if you already have a zero expected family contribution you will automatically be awarded full aid entitlement and will not need to complete this form.**

We realize that many have been impacted by the global pandemic and financial crisis. If you have had a change in your family's income related to COVID-19 please review the box in Section B and submit the appropriate documents.

A Request for Professional Judgment may be filed if you have extenuating circumstances, which you believe warrant a reevaluation of your financial aid. Circumstances may include, but are not limited to:

- Loss or change of employment
- Unusual medical expenses (not covered by insurance)
- Loss or change in amount of child support, Social Security, or other benefits
- One-time taxable income used for life changing events (e.g., IRA, pension distribution, back-year social security payments
- Death, Divorce, or Separation of parents or spouse

Circumstances that are **NOT** considered as extenuating include, but are not limited to:

- Standard living expenses *(e.g., utilities, credit card payments, children's allowances, etc.)*
- Mortgage payments
- Car payments
- Credit Card or other personal debts
- Vacation Expenses
- All other Discretionary expenses

Please be candid in your explanation so that the Financial Aid Office can accurately assess your circumstances and determine if your appeal can be granted.

If you are interested in having the Financial Aid Office review your income reduction for a change in your state grant funds, be mindful that they make their own determination of eligibility for income reductions; and having one approved by LCAD does not guarantee that it will be the same outcome with other agencies. Appeals without sufficient documentation of the circumstances cited in the application will be denied. In the case of an insufficiently documented appeal, the student will be notified and will be offered an opportunity to resubmit the appeal with appropriate documentation. Completing the appeal does not guaranty grant eligibility.

The Financial Aid Office

A. Student's information:

_____	_____
Student's Last name Student's First Name Middle Initial	SSN or Student ID#
_____	_____
Student's email address	Phone number *Mobile / Home*

B. Reason for Adjustment

Indicate by checking the reason you are requesting the adjustment in income. For your appeal to be considered you must complete all items listed in the documents required column for the reason you selected.

Reason for Adjustment	Documents Required
☐ Loss or Change in Employment	☐ 2-3 weeks from Termination date. ☐ Detailed Letter explaining circumstances with letterhead, contact information, and signature ☐ Copy of Tax Return or Transcript and W-2's, 2 months of paystubs for student/parents (if dependent) for applicable year ☐ Former employer(s) statement the last date of employ ☐ Copy of unemployment compensation letter or signed statement that you did not or will not receive unemployment benefits
☐ COVID-19 Related Job Loss or Change in Employment Related to employment changes after March 13, 2020	☐ Documentation listed above is required ☐ Proof of job loss, change in employment, and furlough must include proof this took place on or after March 13, 2020 ** 10 week waiting period waived for COVID-19 related job loss*
☐ Divorce or separation of parent or spouse	☐ Detailed Letter explaining circumstances with letterhead, contact information, and signature ☐ Copy of Tax Return or Transcript and W-2's for student and primary parents *(more than 50%)* for applicable year ☐ Copy of legal separation documentation, proof of separate households and addresses, or divorce decree
☐ Death or Disability of parent or spouse	☐ Detailed Letter explaining circumstances with letterhead, contact information, and signature ☐ Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year ☐ Copy of death certificate
☐ Non-reimbursed medical bills	☐ Detailed Letter explaining circumstances with letterhead, contact information, and signature ☐ Copy of Tax Return or Transcript and W-2's for student and parents (if dependent) for applicable year ☐ Proof medical bills exceed 3% of AGI ☐ If you didn't itemize, please submit proof of payment (*e.g., cancelled checks, receipts, credit card statements*)
☐ Dependency Override *Students must request dependency override annually*	☐ Minimum of two Independent third-party documentation. *e.g., police reports, notarized letter from clergy, school counselors, social workers, teachers, or medical personnel familiar with student's situation.* ☐ Detailed letter from student explaining circumstances with contact information and signature.

C. Determination Request

My financial circumstances have changed from the FAFSA required year and I am providing financial information based on my tax information from last year or my current year financial projection.

Please indicate which year you are providing: _____

D. Summary of Income

Annual Income + Resources		Living Expenses	
Earnings from Employment	$	Rent/Mortgage	$
Unemployment Compensation	$	Utilities	$
Severance Pay	$	Food	$
Pensions + Annuities: *Annuity Income received (do not include rollovers)*	$	Transportation	$
		Child Care/Support Paid	$
Social Security Benefits	$	Education	$
Child Support Received	$	Medical/Dental Expenses	$
Public Assistance/TANF	$	Insurance	$
Retirement/Disability	$	Personal/Entertainment	$
Tax Exempt Interest Income	$	Other (specify)	$
Other Income + Benefits:	$		$
	$		$
	$		$

Include benefits for all family members: financial support received, workman's compensation, Veteran's Non-educational benefits, capital gains, interest, dividends, alimony, rents, royalties, business income, etc.

Total Anticipated Income	**$**	**Total Anticipated Expense**	**$**

If the total annual income is less than the total annual expenses, explain how the living expenses were paid. For each living expense reported as $0, explain how you lived with $0 expenses. Please attach a separate sheet of paper if you need additional space. _____

_____

CERTIFICATION: By signing this document, I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above. **I certify under penalty of perjury under the laws of the State of California that the above statement is true and correct.**

Student Signature _____ Date _____

☐ Spouse / Partner   ☐ Parent / Stepparent   ☐ Guardian

Signature _____ Date _____